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# CANADIAN NURSE

Vol. IV.

JANUARY, 1908

No. 1.

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# The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. IV.

TORONTO, JANUARY, 1908.

No. 1

## "SICK AND YE VISITED ME."

One morning, directly after breakfast, the maid came in, and said, "Please, sister, a man wants to see you in the waiting room." "Where has he come from so early?" "From Griguet, a distance of twelve or thirteen miles."

I immediately went to see him. "Good morning, Sister; I hear the doctor is not home." "Not yet, we are expecting him any day." "Well, what am I to do?" "Maybe you'll do as well." "Tell me what is the matter first." "My woman is sick, real bad she is, and like to die; I'm afraid I'll lose her; she has a stitch in her side, a wonderful cough, and she has eat nothing for this long time, and she don't sleep at all. Perhaps you'll come and see her! I shall lose her if nobody sees her that understands things."

It needed a little consideration, for I had never been on a komatik journey before, and it was twelve below zero. It did not take many minutes for me to decide to go. There were plenty of willing hands to help me get ready, and to tie the coach-box on the komatik. One lent me a big fur coat which went over my own; others got rugs, cushions, and several other things, to keep one from getting cold, while I got drugs and appliances, and such things that I thought might be needed.

At last, after being well packed into the coachbox, we were off. The bell calling the people to church grew fainter as the dogs flew over the frozen harbor. The man only had five poor dogs, and I felt I ought to get out and walk up the hills, but he would not hear of it. The man walked and ran most of the way, and had to push the komatik up the hills, only going down hills did he get on. He was constantly asking if I was cold, and seemed quite pleased when I cheerfully answered, "No, not at all."

We had crossed a big bay, and had come to the foot of a very steep hill, when he halted, and said, "Now, I'll give them a rest, and I'll eat a bit of bread." While he ate he untangled the traces a little; but suddenly he asked, "Are you getting cold, Sister?"

"Only just a little." He immediately put the dogs in, and in spite of my wanting them to rest a little longer he went on, saying, "We shall soon come to a house, we'll rest there, and you can go in and get a warm." A little further on we came to a house.



A man came out to see who it was. "Got, a woman there, Sam?" "Yes, the woman from the hospital; she's going to see my woman, she's very sick."

"Will you come in and have a warm?"

"No, thank you kindly, we are going on to the next house."

At last we come to the house. As soon as we come in, my coats, cap, vamps, and extra socks, are taken off, and all put to warm. They have had dinner long ago, but the kettle is put on the fire, the table is laid, and we sit down to a hot orange syrup drink, and biscuits. We stay three-quarters of an hour, then set out again, the man and woman coming to pack me in my box. Then on we go, through some very pretty country. It was really lovely, the sun was shining brightly, and I felt very happy, and prayed that I might do some good to the poor woman.

After a two mile run we reach Griguet, a beautiful land-locked harbor. We cross this to the house. It is a good-sized one, but the rooms are very bare. Passing through the living room, I enter the bedroom, in which are several women. As soon as I saw the sick woman I felt that I wanted to take her straight to the hospital, and put her in a nice clean bed. I found her to be suffering from pleurisy. I did all I could for her, leaving instructions what to do for her until I returned again in the morning. I then went to another house, where I was to spend the night. A very bright little woman came out to meet me, and with "Welcome to Griguet," we went indoors. Some known friends were there. Here again one was greeted with "Welcome to Griguet," and "Sister, you must stay at my house when you come this way again." We soon had tea. At seven o'clock we went out with the dogs and komatik to see a sick child. It was a glorious moonlight night, with a temperature of 18 below zero. When I returned, I had to play the organ to them, as these people boasted of one, having purchased it last fall. I began playing something very softly, when they told me that the organ would make more noise than that (evidently my playing was not to their taste), so I played something very loudly, and that just suited them. In the morning there was a girl to be treated for dyspepsia.

Then on to see my patient. I had made up my mind that she must come to the hospital. I found her a little better, and I told her I wanted her to come with me; that she needed plenty of good nourishment and nursing, neither of which she could get in her own home. She said she would like to come, because she knew what it was like, and she would be well cared for. There was a little difficulty in getting enough dogs, as most of the men had gone into the woods. I left with the understanding that they should bring her the following day.

It had already been arranged that two men, with another team of dogs, should take me home. One said, "Sister, you must come

and see mother before you go." So I went with them. The dear old lady came out to meet me, and bid me welcome. It is a beautifully clean, well-kept house. As soon as I get in, my coats, etc., are taken off, and put to warm. "You must be warm when you sets out." Soon the table is laid, with biscuits, baked-apple jam, currant buns and tea, and the cheery old lady bids us "hold on." As we eat, I think, ah, you are very cheerful, but I know your heart is aching, and my mind goes back to last June, when we at St. Anthony heard that two of the finest young men at Griguet had been drowned. I remember the gloom it cast over the place. This old lady was their mother, and that fine old man at the end of the table, their father.

After the meal was over, she took me into a little sitting-room, and then poured out her trouble to me. One son was up on the high cliffs, and saw the boat capsize with his three brothers in it. One was saved. He said, "While I was in the water, it seemed as if someone put a chain into my hand. All at once I thought it must be our own land-line, and sure enough, it was. I hauled myself up by it out of the water to where my brother was on the cliff, and was saved."

"What I do thou knowest not now, but thou shalt know hereafter."

I was no sooner packed away in my coach box again, when we saw a woman running across the harbor. We waited for her with difficulty, as the dogs were straining their utmost to be off. When she came, she said, "Sister, do come and see my Elihu; he was took all of a sudden, shrieking and bawling with pain." The dogs are turned in another direction, and away we go. The young man was found to be suffering from lumbago. She was told to put a flat-iron on the stove, get it hot, then put something between it and the boy's back. She begged me to spend an hour or two with her the next time I came, she had so much to tell me. Then I was packed into my box again; away we went over the ice, up hill, then rushing down hill, and around the hills with the komatik tipping on one side. There was no holding our eight dogs in now. One man sat in front of my coach with a short, thick stick, the other stood up behind. There was real pleasure in going now—no need to push the komatik up the hills with these fine dogs. The man in front had to constantly jump off to guide the komatik, his work also being to put the "drug" on when going down very steep hills, and to beat his stick on the komatik. It seemed to be the duty of both to call out to the dogs, "Look at the man, look at the man; look at the crow, look at the crow; look at the dogs, look at the dogs." This was said to encourage them I suppose. But why they could not be driven without all this noise I could not understand.

The man at the back has stopped calling out to the dogs, and I hear him singing softly:

"There's a wideness in God's mercy,  
Like the wideness of the sea;  
There's a kindness in his justice,  
Which is more than liberty.

"For the love of God is broader  
Than the measure of man's mind;  
And the heart of the Eternal  
Is most infinitely kind."

We arrived at the hospital in two hours and twenty minutes, a short record. The next day we looked in vain for the sick woman, but received a note instead to say that when they got a little way on the road she turned faint, and they took her back; could some nourishment be sent? Some jelly and patent food was sent. A bottle of Bovril was to be included, but knowing the people do not like it, it was made up as a medicine and labelled "strengthening medicine" with directions. This they will take quite readily.

Four days after, another man came. "Good morning, Sister. I heard how you went to see a woman at Griguet the other day, and I thought you would come and see my woman. She's very sick, don't know how it's going to be with her." Then followed many questions about the woman. "I'll take you straight away, Sister, and bring you back before dark, if dirty weather doesn't set in. I've got a good team of dogs." "How many?" "Ten." "Well. I will come as soon as I can get ready."

I am soon packed into the coach-box, and off we go right across the harbor, then over the "Old man's neck." I did not care very much about going over the "Old man's neck," for in going up my feet were up in the air, and it seemed as if I might go head first down the hill again. When we got right to the top the dogs were taken out, and told to keep behind. Then the two men guided, and held back the komatik, while I seemed to be going down standing on my feet. It was a relief to be on the ice again. (Dr. Stewart has since told me that when walking over there one day he saw a komatik lying at the bottom of the hill, all smashed to pieces.) These two men used more language to their dogs in addition to "look at dogs, man, crow." We had Rah-a-a-aa Ah-a-a-a-a, "Did you ever see such a dog?" Now, that dog is more like an elephant." "If I was only out long side yer wid my stick wot would I give yer!" All say, "hol' in" (to the left), "hol' out" (to the right), "hollo" (go on), "way" (stop).

A fall of snow in the night made the going not very good. We got to the house in one hour and a half. The woman was ill with heart trouble. Some medicine suitable had to be sent, as I came prepared for quite a different disease. "Pain in the stomach" may be the abdomen, chest or stomach. A woman came to me, and putting her hand on her throat said she had a wonderful pain

in her chest, so that their description is often misleading. After tea, we set out again, having been presented with a bottle of bake-apples by the patient.

I hear the man say, "I got the Sister here quite warm, and I want to get her back without getting cold, I think we had better take a sail with us." "Yes, take a sail, and cover it right over her," they all chimed in, for by this time there were a dozen men and women in the house. I did not like the idea of a sail being put over me, but I was very glad of it going over a long stretch of high ground, known as the barrens, where, at intervals, there are posts to guide the travellers. Here the wind blew so much that the snow drifted, which made one think we were out in a blinding snow storm. We were all glad when we reached the hospital, and also glad that a poor soul had been cheered and comforted.

CECILIA WILLIAMS.

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#### WHAT I LEARNED IN 1907.

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(Contributed to by Miss Evelyn L. Perchard, St. Jean, Quebec; Miss Flaws, Superintendent of Butterworth Hospital, Grand Rapids, Michigan; Miss Wills, of Chicago; The Hospital for Sick Children, Toronto, and others.)

##### CUSTARD.

Recipe for a delicious unsweetened custard: 1 cup chicken broth, 1 egg slightly beaten; mix well together in a bowl, and place in a saucepan of boiling water on top of the stove, and cook slowly.

##### TYPHOID.

A bad case of typhoid which I nursed lately was greatly benefited by the use of sugar (maple), or homemade cream candy. It happened to be the first time I had seen sugar given; the doctor said it was something new, which he had found very beneficial in a number of cases.

##### LOCHIA.

If a thick book or a few magazines be put under each bedpost at the head of the bed the second or third day after a confinement, it lessens the liability of a retention of lochia, which so frequently causes discomfort and a slight rise of temperature about the seventh or ninth day.

##### THE NIPPLES.

Did you ever use swabs for cleansing the nipples? Take a box of toothpicks, wind one end with absorbent cotton, and keep in a glass jar with a lid. When one is required, dip into boric acid solution and wash the nipple with this swab. This is much

more satisfactory than keeping the solution in a glass and dipping cotton into it with the fingers.

For tender nipples, I find the following very helpful:

Take several thicknesses of gauze and cut it into a four-inch square, with a round hole in the middle about an inch in diameter; saturate it in alcohol, and lay it on the breast, the nipple being supported and held erect by the gauze ring. Put a small piece of cotton soaked in alcohol over the nipple.

#### INFANTS.

I find that if babies are nursed at three instead of two hours intervals, they are not going to have indigestion. This applies to young infants.

#### THE ELECTROTHERM.

During the last year the "Electrotherm" has replaced the hot water bag, and the "Japanese paper ice bags" the rubber ice cap, in the Hospital for Sick Children. The former is composed of wires insulated and protected by asbestos, woven into a thin, light, and flexible pad, which, when connected to the ordinary incandescent light socket, offers sufficient resistance to the current to produce a constant and uniform degree of heat. It is provided with regulating switch, connecting plug, and 15 feet conducting cord. The pads require no more current than a 16-candle power, and can be procured in various sizes.

#### THE JAPANESE ICE-BAG.

The advantage of the Japanese ice bags is that they more nearly conform to perfect sanitary conditions than the rubber bags, which are used for different patients, while these are so cheap that when once used they may be thrown away. They are light in weight, perfectly pliable and waterproof, and made in various sizes. To get best results the bags must be moistened before using, and in closing after filling it will be found that the most secure method is to begin with the neck flat, full width and fold toward the body of the bag, then fold or compress, and tie securely with string.

#### THE BED-SWING.

In all cases of pelvic peritonitis, general peritonitis (or anything of that nature requiring drainage), we have the patient sitting up in bed as straight as possible, and to keep her from slipping down a swing is used. This is a board the width of the bed and about 8 inches the other way, thickly padded and attached to the head of the bed by ropes. The head of the bed must be high. A back rest and a number of pillows must be used to make the patient comfortable. We have found this most satisfactory, but it is not original.

### PRIVATE NURSING.

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A short time ago, while on a case at the hospital, I was asked so many questions by the nurses-in-training about private nursing, and our experiences pleasant or otherwise connected with it, that the thought has often come to me since that there should be some preparation during our stay in the hospital for the life we must lead when we leave the protection of our Alma Mater.

Does it not seem strange, that while we were given lectures upon every other conceivable subject, little or nothing was said to us of the obstacles to be surmounted and the difficulties to be overcome in our future work? Perhaps this is to be explained by the fact that very few of our superintendents and lecturers have any experience in private nursing themselves, having always had charge of hospitals and training schools. Surely, if we knew more of the road (and its pitfalls) along which we must travel, we would make fewer mistakes on our journey.

Is it not because hospital nursing is so different from private nursing that our nurses are so often discouraged at the outset? Is there no one of our successful graduates capable of lecturing to the pupil-nurses, and preparing them for the life they must lead?

When our three years' course was ended and we stood on the threshold of our profession, what hopes and aspirations we had! What noble work we were going to do! Our wings had already begun to grow—we were going to be angels! What those noble aims and hopes have amounted to since, we all know. How sadly we have been disappointed; how little we have done in the great work there is to do, and how often our wings have been clipped. Still, there are some of us stronger and better nurses for the conflict we have been through. We have grown more self-reliant, broader-minded, and, let us hope, more sympathetic with our fellow-creatures, because of our closer contact with them.

We go to a case; we arrive at the house; all is direst confusion, and out of that chaos order must be restored; and it is in our manner of doing this that the situation is won. We must not enter that house with our stiff-starched uniforms and most important manner, giving orders and expecting them carried out by the people of the house. No; we must go as a friend, cheering the patient, inspiring confidence in those about us, and in all ways helping and comforting those nervous, excited friends.

There is an old Eastern saying: "Words are wind, deed proveth promise. He who helps at need is kin." Let us be among those who help. Can we not become one of the family,

considering that poor, sick patient as being our own? There is nothing better than doing to others as we would wish them to do to us.

We must try to make our patient comfortable, carrying out the orders left to us with the utmost dexterity and precision, observing all the new symptoms, while listening attentively to the past course of the illness. We must keep a strict history of our case, saying little but thinking much. The patient must not know much of the course of the disease, and the chart must be carefully guarded from the friends. No patient must be allowed to be his own doctor, ordering his treatment, or in any way carrying it out. We must tactfully shew the patient how harmful this would be, and in most cases he will be reasonable. Perhaps the patient is irritable, and hard to manage. We must still be kindly and firm, though sometimes he is anxious to talk about his own case and that of his friend. We must discourage all gossiping, and never detail *our* experiences of other cases to him.

Then, too, he may have hidden anxieties and worries, and may feel that at last he had found some one to whom he can tell his woe. Let us listen sympathetically, giving all the comfort we can, and then let us lock it safely in our own breasts, never to be revealed, for that is one of the faults that we are accused of, carrying stories from one house to another. As we guard our own secrets, can we not respect our patient's skeleton in the closet?

Never, never must we parade our own troubles and anxieties. To none of our patients must we divulge our secrets or tell our family history. Many patients wish to know all about us. Can we not entertain them without that? Let us try! As our patients grow better, they are often less grateful, but we must not be discouraged by that. It is only because they are growing independent of us.

In the care of the patient we must always remember that as much or more depends upon us than upon the physician, and by our fidelity, patience, and endurance may the day be won.

We have many opportunities for doing good, and if they are properly used we will become a blessing to the world and to our patients.

Now, a few words as to our duty to the Doctor. It may be summed up in two words—be loyal—whether we like him or no, whether we think his treatment right or not, be loyal; if we cannot be so, then we should leave the case. We must never criticize him or in any way disturb the confidence the patient has in him. We are responsible to him, and so we must faithfully carry out his orders, observe the minutest symptoms, and report carefully the course of the disease.

Many trying questions about the doctor will be put to us.

Some may tax our ability, some will disconcert us, all will be more or less trying to us, but we will be expected to answer them in good faith, or weaken the questioner's confidence in our ability.

But, unpleasant as all this is, we must use tact and forbearance, and all will be well. We find our compensation in the pleasant friends we make and the many pleasant hours we spend in ministering to our congenial patients.

In spite of the fear that we may be called mercenary, I dare to express my opinion that the nurse who is businesslike is the best nurse. Not only does she do her work methodically and well, but she will demand of others the same consideration; she will have her rest provided for, her hours for recreation, and the rate per day and week will all be arranged. She who provides in this way against all mistakes and possible misunderstandings is regarded with esteem by the family, and she leaves them with regret.

Now, to sum up in a few words: We must be dutiful, tactful, conscientious, and patient in performing all our duties. Let us never be content with anything short of the best. We must make our ideals of the private nurse as high as possible. Let us "hitch our wagon to a star," and if we are discouraged, tired, and the work seems more than we can bear, remember that our Saviour, too, was tired, and oftentimes weary. Therefore, let us take heart and comfort from Longfellow's beautiful words—

"Do thy duty, that is best;  
Leave unto thy God the rest."

A. MARY ROBERTS.

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#### SLUM WORK IN ST. JOHN'S WARD.

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It is customary to speak of St. John's Ward as "the slums," but there are no slums in Toronto, or at least there need not be if our more fortunate citizens will wake up to their responsibility toward their unfortunate brothers and sisters. It is true that sin is the cruellest thing in the world, and many of our friends in St. John's Ward have fallen victims to its cruel grasp, but there are jewels buried in many a one-roomed house, there are heroes and heroines hid away from the world, lost to Toronto, to our country, and lost to God, because those who could have given them a helping hand have never stretched it out. It is true that we do our little as members of the Toronto Mission Union (corner of Hayter and Laplante). Our work has been established since 1887 by the late William Howland. I have been connected with it since 1901, and during that time I have seen and heard many tragedies of the people in the Ward, and other poor of our city. Our splendid nurses who go out to nurse the sick poor find cases that will make

the hardest heart throb with sympathy. Recently they were called in by workers of the Yonge Street Mission to a case of a poor woman lying very sick, deserted by her husband; no firing, food or clothing to keep herself warm. Being Sunday, they had to borrow coal from another poor woman, who is also sick and deserted by her husband, and has to support two beautiful children, but she trusts God, and He has never failed her; but out of the little coal she had she was ready to share with her more unfortunate neighbor. The nurse carried bedding and hot milk to make the poor woman comfortable until Monday came, and we could find some one who would provide coal for her. There are hundreds of cases found every year by our faithful nurses, who, without money and without price, nurse such cases as those. It is true that the poor who can pay something are allowed the privilege of giving their mite as a donation to the Nursing-at-Home. There are many who are too poor to afford a trained nurse, but who like to be independent, and give something of their small means as a thank-offering for the nurse's service.

Then there is our Mission Hall with its many branches—the children's work, which we put more stress upon may be than any other department, because they are the hope of our work. Some of the brightest children in Toronto cluster around our old Mission Hall, and many a happy day they have spent from the day they came in their mother's arms to our mother's meetings, to the infant class in our Sunday School, to the gala day when they are sent out with the Fresh Air Mission for two weeks' holidays to our warm-hearted farmers who take them for Jesus' sake—two to each home for two weeks. We sent out 500 last year, and the little things talk from one year until the next of the time they go to the country again. One little woman who has seven children, the eldest 11 years, is already trying to find old clothing in our store where we keep clothes for the poor, so that she can cut them down, and make up again for her children. She has to start now or she would never be able to get seven covered and fit to go to their friends in the country, and it would never do to have to keep one of these little ones home for want of clothes. Then there are our Girls' Clubs—the juniors are called the Alexandra League, and the seniors carry the beautiful name Victory League—their motto being, "This is the victory that overcometh the world, even our faith." Our boys' club bears the name Conquerors, their motto being, "We strive to conquer," and their text, "We are more than conquerors through Him who loved us, and washed us in His blood." They are conquerors in every sense of the word, and space here would not allow me to tell of their interesting lives, from the time they came as a street corner gang and asked me to take them as a club, where for more than two years they refused to go to work or to school, chased by the police, until to-day you will have difficulty to find nicer young men anywhere. Loyal,

good-hearted, willing and splendid workers; not only working for themselves but always willing to help with the work of the Mission, more especially with the work amongst the younger boys. Then there is the work for our mothers, where the poor, tired mothers, many of them working hard all week, come to our Mission, some on Thursdays and some on Wednesdays, often with a baby in their arms and one, two or three running at their heels. I have a class of my own on Wednesday of every week, the year round, with a membership of 159 women and nine old men, who are all poor, and who come week after week to hear the blessed old Gospel. Then there are our Saturday and Sunday night Gospel services, Bible class on Sunday afternoon, morning and afternoon Sunday School, tract distribution, open-air services, prayer circles, and then the Bible woman's work; this is really what I was asked to write about, but as we touch all departments I want to show you how it is that we are able to reach so many of the poor and destitute. I am blessed with an excellent assistant, Miss Griffith, and many willing workers. Our work is very large, and therefore it takes a good deal of money to support a work so extensive, although most of the service is voluntary, yet we have a staff of twelve nurses and Miss Middleton, superintendent, also the Bible Woman's Home with its two Bible women and workers who come and go, with its continual stream of sufferers from want of firing, food and clothing. Many attend our meetings and classes, most of them very poor. When the winter comes on they are out of work—in many cases their own fault—at least, the man's fault—but what is a poor half-sick mother, with sometimes six, seven or nine children, to do when she could hardly live at the best of times. The house problem is one of the great difficulties at the present time; rents in many cases are more than double what they were a few years ago. In a small house on Terauley Street, three rooms and a basement, or a hole in the ground, there are somewhere about eighteen or twenty people. I do not know the exact number, as they come and go, but I know in one room there is a family of six, father, mother and four children; the children have the whooping cough, and the father has the grippe, and is not able to work. He only makes \$7 a week when he does work, and he was out of work eight weeks previous to the job he has now, and as the children are sick the mother can't go out to work. In the basement is a sweet little woman with three children. A year ago she was not so badly off, but her husband got sick and lost his position, and has never secured a decent one since, and now he has gone to Montreal to work in a mill there, but his poor, thin, tired wife, with three tiny children is left in this terrible hole to get along only God knows how, as her little ones also have whooping cough. And so this continual round of sorrow and suffering surround us every day, and if the citizens of Toronto do not waken up to help those who are trying to stop this slum tide, and to strengthen the hands of those

institutions who are already at work for the redemption of men, and to assist our city in building houses, and putting playgrounds in the over-crowded parts of our city, giving the children a chance to breathe fresh air, and develop their little bodies, if the citizens will not do this, the slum with all its vice will be upon us, but there is no need of slums in Toronto if every man will do his duty.

B. McINTOSH.

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### TRAINING SCHOOL RECORDS.

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In the June number of the *American Journal of Nursing*, under "Editorial Comment," reference was made to the negligence evinced in regard of keeping training school records.

The view given of the subject makes careful attention to the work apparent as a duty of no slight importance and responsibility. In any work we admit the moral, mental and physical support of system and order, which is surely nowhere more needed than in hospital management.

To those who share a common interest and are engaged in the same field of labor, the preface of a plea for patience is not needed if we append some details that have been found of service in keeping training school records.

Our methods so far have been experimental, as they have been adapted, in course of time, for numbers of twenty or forty nurses, so we have no special form of record sheet, but use a large, blank book, which is ruled in columns to suit the matter noted. An index is necessary. The entries include such points as:

1. Names of pupils in school, admission, graduation.
2. List of all applicants, those accepted, and a brief statement when not.
3. List of graduates of each year.
4. Class grades and names of seniors, intermediates, juniors and probationers.
5. Staff of lecturers (doctors), subjects, examinations, and marks obtained. (All questions saved for reviews.)
6. Monthly division of time, arranged for six months.
7. An annual summary.
8. Division of night duty for each year, with total.
9. Report of nurses' practical experience.
10. Nurses' theoretical standing (marks given for school work).
11. Report of school work (weekly).
12. Nurses' "honor" report.

No. 9 shows each pupil's practical knowledge under various headings, as baths, enemata, external applications, gynecological treatments, with all their subdivisions; also catheterization and

irrigation, use of hypodermic syringe, stomach and rectal tube, transfusion, major and minor surgical preparation, obstetrical nursing, care of infants and children, contagious and nervous cases and operating room technique. This outline, once arranged, suffices for the three years.

No. 12 is suggested in the older editions of "Nursing," Hampton. Where actual figures are not called for, we mark with "c" (poor), "b" (fair), "a" (good). The pupil is given every possible hint to have "a" in her "honor" report.

No. 6 locates the nurse, specifies her work, notes vacation and lost time, and aids in the summary of night, special and private duty in connection with No. 9.

Each nurse keeps an account of her "cases" until the "a" mark can be obtained. The sisters' report is distinct from this. Notice is given to be ready for "report" day.

No. 11 shows each class in column—lessons, lectures, clinics, demonstrations, "ethics," general or special, graduations—is, in fact, a history of the school year. Exactitude is required in regular study, the nine hour system making it convenient.

The operations "seen" only are not counted, but, as an introduction, are arranged for early in the course.

Reports of cooking lessons are marked in a separate book. Where a fixed term cannot be given, the lessons and menus are numbered and attendance registered.

Keeping these records certainly requires thought and time, but the work falls into its place like any other hospital duty.—St. Joseph's Hospital, Chatham.

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THE WINE OF LIFE.—I have often thought that, as longevity is generally desired, and I believe generally expected, it would be wise to be continually adding to the number of our friends, that the loss of some may be supplied by others. Friendship, "the wine of life," should, like a well-stocked cellar, be thus continually renewed; and it is consolatory to think that although we can seldom add what will equal the generous first-growths of our youth, yet friendship becomes insensibly old in much less time than is commonly imagined, and not many years are required to make it very mellow and pleasant. Warmth will, no doubt, make a considerable difference. Men of affectionate temper and bright fancy will coalesce a great deal sooner than those who are cold and dull.

The proposition which I have now endeavored to illustrate was, at a subsequent period of his life, the opinion of Jonson himself. He said to Sir Joshua Reynolds, "If a man does not make new acquaintances as he advances through life, he will soon find himself left alone. A man, sir, should keep his friendship in constant repair.—*James Boswell.*"

### Clinical Department.

#### THE CONVALESCENT CHILD.

A great many nurses have noticed when nursing children that when the acute symptoms have subsided the child is often more peevish and irritable than when the disease was at its height. Without doubt this is partly due to the child being allowed to see too many visitors, to talk too much, to play too much, or in some way to become overtired. There is a healthy fatigue; there is a decided danger, with invalids especially, of getting more fatigued than is wholesome. Games requiring much thought, effort, or dexterity on the part of the child, or in which he is liable to become excited or disappointed at the result of his own efforts should be reserved till normal health and vigor is more nearly established. In many cases this irritability is the result of a diet that is too stimulating or of over-indulgence in dainties of which the child is fond.

When the time comes for a walk or drive, the first one should be short, and taken on a clear, sunny day. Each little invalid is a study by himself, but these general principles will apply to most cases.

#### THE INVALID'S DIET.

"If I could control the kitchen connected with a sick room. I could get along very well in most cases without a drug store." The physician who made this remark a few days ago is a man of wide experience—a specialist in eye, ear, nose, and throat work. Perhaps we have been inclined to think dietetics of less importance in that department than in some others. As a matter of fact, no nurse should ever cease to be a student in dietetics. Health in any portion of the body can only come when diseased and inflamed tissues return to normal conditions. If the waste is to be repaired and wrong conditions righted, proper foods must be furnished if new, healthy cell growth is to take place. If the natural strength is to be regained the patient must desire natural food. The nurse must see that it is furnished in proper quantities at proper times, and in the best possible condition for digestion and assimilation.

Now that the heat of summer has passed every nurse should be planning to take up some special study this winter. To the nurse who graduated some years ago we would especially commend the study of dietetics. The invalid cookery book should be a part of the working outfit on every case. For a fuller study of the subject than is contained in the average cook book we would suggest the book entitled "Dietetics for Nurses," by Friedenwald and Rurah. There is enough in that book to keep a nurse's spare time profitably employed for some months. The primary meaning of "nurse" was "to nourish," and nourishment is still a highly important factor in nursing.

## ARTIFICIAL HEAT.

For a foot-warmer, or when heat needs to be used around the body, a couple of common bricks answer fully as well as the best hot-water bag, and there is no danger of their springing a leak. In nursing any kind of case in cold weather, it will be worth while to try to find a couple of bricks and keep them in the oven. They can be quickly heated over a low gas flame.

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WINNIPEG GENERAL HOSPITAL ALUMNAE ASSOCIATION  
WINTER COURSE OF LECTURES.

THE Social Committee of the Alumnae Association of the Winnipeg General Hospital has inaugurated a series of seven lectures to be delivered during the winter months. By Miss Wilson's kind permission the spacious drawing-rooms of the Nurses' Home are being used as a place of meeting. Following is a list of the lecturers and their subjects: Dr. Halpenny, "Advances in Modern Surgery"; Dr. Bell, "Modern Treatment of Tuberculosis"; Dr. Mary Crawford, "Diet: Its Relation to Health and Disease"; Dr. Galloway, "Therapeutic Suggestion"; Dr. Norquay, "Care of Nervous and Insane Patients"; Dr. Bjornson, "Drugs: Their Use and Abuse"; Dr. Pierce, "The Opsonic Index." These lectures are open with fee to members of the Alumnae and the nurses of the Training School, and by the payment of one dollar to all nurses in the city. Fees are to be applied to the magazine fund. The opening lecture was held on October 15, and was largely attended. Many graduates of other hospitals than the General were present, thus making a truly representative gathering of the profession in this city. Dr. Halpenny's lecture was extremely interesting, especially in view of the fact that he has just returned from Johns Hopkins, Baltimore, where he has been doing post-graduate work. He dwelt particularly upon the advances made in the surgery of the thyroid and other allied glands, and also upon the perfecting of gastro-enterostomy. The brief glimpses he gave of modern laboratory methods were very fascinating and all too short. He also gave a short address on nursing from an ethical standpoint, which it is hoped will be published in THE CANADIAN NURSE. The object of this lecture course is two-fold, first, as a source of mutual benefit for the members of the Alumnae, and second to draw together in some common bond of interest all the nurses of the city. If this be attained the labors of the committee will be amply repaid.



The Victorian Order is feeling very much the loss it has sustained by the resignation of its Chief Lady Superintendent, Miss Allen. The nurses have always felt she was their friend, and sympathized with them in any of their difficulties in a very understanding way. All the V. O. nurses united in giving Miss Allen a silver tea service, and other silver table articles, as a wedding present. So many expressions of good-will came from all over our vast field to be sent with the gift, that it was a great pleasure to have anything to do with it.

An interesting account has come from Winnipeg of the V. O. annual meeting held recently at Government House. The Rev. C. N. Gordon (Ralph Connor) was in the chair. Lady McMillan has always taken a deep interest in the work of the Order, and to her much of the success of an entertainment held a little while ago, which netted \$550, is due. Miss McCullough, the nurse in charge, has only had assistance for part of the year, but still 1,623 calls have been made and 206 patients nursed.

The board expressed great satisfaction with the cordial relationship existing between the Margaret Scott Nursing Mission and the Victorian Order. The nurses have been boarding, but a flat is in contemplation for their greater comfort, and an appeal was made for its furnishing. Drs. Campbell, Halpenny, and Mary Crawford spoke in terms of much appreciation of the work of the nurses, and Dr. Halpenny thought a third nurse would soon be a necessity in order to cope with the demands. Tea was then served by Mrs. Henry Phillips and Mrs. E. S. Drewery. The table was a thing of beauty, large clusters of pink chrysanthemums being massed in the center, with white and pink blooms at the corners.

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A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa. Also a post-graduate course, with special instruction in Midwifery given at the cases, by an experienced obstetrical nurse. Salary, \$10.00 per month. Apply, the Superintendent, 206 Spadina Avenue, Toronto.

The  
Guild of



Saint  
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]  
—*Ambroise Paré.*

#### THE SECRETARY'S JOURNEY.

Now that I have returned to the home country, and have had some little time to sort my ideas, it seems to me well to record my impressions on the Guild and its work, as carried on under conditions and amid surroundings so different from those at home.

It pleased me very much to see the earnestness with which the officers in the various countries addressed themselves to their task, many of them with a great press of other business on their hands. The strain must at times be very severe, for there is no leisured class, as we have in England, to whom to turn for help when there is a throng of affairs; those in charge of the Guild must bear the extra weight, without much hope of relief. There is a great work before the Guild in these far-off countries, for which we need all our strength; our sisters working in hospitals, or otherwise, have not behind them the great traditions that come down to us from the past; they have to a great extent to make their own standards, and well they are doing it. But the Guild can help them; it can place before them a high ideal of work and conduct; it can remind them that "a Christian nurse is a delegate of Christ in His love and labor for the infirm and sick." Such a standard of work will do much to counteract the tendencies, almost inevitable in a new country, to make money the standard of life.

Now, one word of counsel. The strength of the Guild lies with the individual members. No officer, however zealous, no priest however devoted (and what a debt we owe to our chaplains and priest-associate!), can ever compensate for the slackness of individual life. May God give us all grace to be true members of the Guild of St. Barnabas!

## My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,  
My staff of faith to walk upon,  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage;  
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;  
No other balm will there be given;  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven;  
My soul will be a-dry before,  
But, after, it will thirst no more.*

—Sir Walter Raleigh.

### IN BETHLEHEM.

The white star made a way for them  
Across the fields of Bethlehem,  
Who came to worship at His feet  
And kiss her tattered garment's hem.

The ox hath raised his voice to show  
The way wherein their steps should go;  
And they have entered with their gifts,  
And One hath smiled upon them so.

Above the frankincense and myrrh  
They heard the deep-breathed cattle stir;  
But they have touched His baby hand  
And felt the trembling smile of her.

Amen. Amen, but would to-night  
A star could lead my steps aright,  
To bow my head upon His feet  
And weep my heart out in His sight.

—Theodosia Garrison.

WE MUST LOVE.—To be unselfish we must love; to love we must believe in the reality of what we love; we must know how to suffer, how to forget ourselves, how to yield ourselves up—in a word, how to be serious.—*Amiel's Journal*.

THE PRAYER OF AN EGYPTIAN PHYSICIAN.—By Thy grace I have been called to watch over sickness and health of men, and I make ready now to start in the professional work of the day. Be my strength, good Lord, in this great undertaking, and bless my work that it may be good. Let me be filled with love of man and my art, and do not let desire for gain or position or fame interfere with my duties.

# The Canadian Nurse

VOL. IV.

TORONTO, JANUARY, 1908.

No. 1.

## Editorial.

### A HAPPY NEW YEAR.

A Happy New Year to all our readers, with our cordial thanks for all they have done for us! May we be able to do as much or more for them and help them to fill their place and fulfil all their hopes!

### WHAT I LEARNED IN 1907.

Our readers will, we know, appreciate this article in the present number. We shall be glad to receive on or before January 1st, 1908, from any of our friends, further contributions for the next article under the same head. Even if it is only a little thing you have learned, do let the profession have the benefit of it and send it to the Editor to-day.

### BETHLEHEM.

And still the world goes even unto Bethlehem. The great thing that came to pass there remains more wonderful as the years go by, and whether in Canaan or in Canada, the true scientist, the worker with the true professional spirit, sees Christ more clearly. Such a one was the great American scientist who, on a recent visit to Canada, said: "It was inevitable, perhaps, that this change should begin with a sharp conflict between the workers in Science and the believers in the old faith. The bitterness of that conflict has long since passed away. We realize to-day that religion in its truest sense remains untouched. Furthermore, the simple figure of Jesus Christ stands out at the beginning of this new century all the more distinctly because the veil of tradition and mystery has been pulled aside."

But to him whose heart is pure  
Every morn is Christmas morn;  
In his heart, he may be sure,  
Day by day, the Lord is born.

### THE PRIVATE NURSE.

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For six months and more we have been trying to arrange a series of articles for the special benefit of the private nurse, who, like the private soldier, is the most important person in the army. We have had Miss Roberts' article, which was the germ of the series, for at least a year, and Miss Roberts, with characteristic modesty and even nobility of disposition, has not once reproached us with not publishing it sooner! The series consists of seven articles:—

Introductory. By Miss Roberts, of Toronto.

The Nurse. By Miss Hodgson, of Cleveland.

The Doctor. By Miss Barwick, of Toronto.

The Patient. By Miss Kate B. Simpson, M.G.H., Montreal.

The Patient's Room. By Miss Gilmour, R.V.H., Montreal.

The Patient's Friends. By Miss Crosby, Toronto.

The Family. By Miss Stewart, Winnipeg.

Correspondence and discussion in reference to any of these articles will be welcome.

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### OTTAWA AND KINGSTON.

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The Kingston General Hospital and the proposed new Hospital for Tuberculosis at Ottawa are among the latest institutions to benefit by the energy, cleverness and organizing genius which it takes to plan, initiate, and carry out a great bazaar. The "Made in Canada" Fair at Kingston and the Grand Bazaar at the time of the King's Birthday in Ottawa, are worthy to rank with the most successful achievements of their kind, and they have added \$25,000.00 or more to the financial resources of these two institutions—a great gift. The beauty and real commercial value of the materials of the Fair, the artistic and historical interest of the spectacles presented, and the co-operation of so many hundreds of people, everyone, from His Excellency the Governor-General and the Premier downwards, being happy to do his or her part, make these events, for their own sake, pleasant and memorable, and their good object makes it all worth while.

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### THE NICHOLLS HOSPITAL.

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Mrs. Nicholls, of Peterboro, and Mrs. Lett, of Collingwood, will always be remembered among the benefactors of Canadian hospitals, and their example, we hope, will inspire kind and benevolent acts on the part of many who may never have seen them, but to whom they, being dead, yet speak. The estate of the late Mrs. Nicholls

has just been wound up, and Mr. Richard Hall, on behalf of the trustees, has had the privilege and satisfaction of handing over to the Board of Governors of the hospital the sum of \$30,000.00 for additional buildings, and securities to bring the total endowment of the hospital up to \$200,000.00, which, with the Government grant and other sources of income, will make the hospital self-sustaining. It is to be hoped, however, that the town itself will share with the Nicholls Hospital the good work of caring for the sick. The history of hospitals shows the necessity for this.

Mrs. Nicholls' liberality has done a great deal for Peterboro. At an expenditure of over half a million dollars, she has given several public parks, a Young Men's Christian Association building, and a Public Library building, besides the Nicholls Hospital and large gifts to churches and charities.

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### Editorial Notes.

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#### ENGLAND.

**Florence Nightingale.**—His Majesty King Edward has bestowed on Miss Nightingale the Order of Merit, instituted by His Majesty as a reward for distinguished service.

**The Position of Matrons.**—The Metropolitan Asylums Board has been making some change in the status of matrons, apparently as a concession to the modern fetich that everything must have one head. The Hon. Maude Stanley and other members of the Board do not approve of the change, and neither does the Matrons' Council.

As the British Medical Journal says:—"It is to be remembered, however, that schemes which in theory are perfection, in practice often work most imperfectly, and that though nurses in theory do their work under medical men, a nursing department in practice is one in the administration of which medical men rarely take any direct part. However this may be, if the Council really makes the change indicated, the Matrons' Council is certainly able and likely to take the step which was threatened in the formal resolution passed at a meeting last Saturday, namely, to endeavor to deter nurses as a body from offering themselves to the Board for employment. In this case the nursing performed at its institutions, which should be of the highest character, will certainly suffer in efficiency."

#### FRANCE

**A New School for Nurses.**—A new and beautiful School for nurses has been opened at the Saltpetriere in Paris. In erecting this building, M. Mesureur has again shown by his acts his liberality and great interest in the nursing profession.

## AUSTRALIA.

**Insurance of Nurses.**—At the Annual Meeting of the Royal Victorian (Australian) Trained Nurses' Association, great satisfaction was expressed at the good arrangements the Association has been able to make for its members with the Australian Alliance Assurance Co. and the Australian Mutual Provident Society for insurance against accident or sickness and for a pension in old age.

## NEW ZEALAND

**The Eight-hour System.**—The system is on trial in New Zealand, but apparently is not universally popular.

## GREAT BRITAIN.

**The Light Brigade.**—At the last anniversary of the Charge of the Light Brigade, the Chairman, Mr. T. H. Roberts, proposed the health of "Miss Florence Nightingale, the soldiers' friend," and read the following telegram from her, which was received with cheers: "Florence Nightingale sends heartfelt thanks and greetings to all her old friends of the Light Brigade."

## IRELAND.

**Belfast Tuberculosis Exhibition.**—This has been a great success, and nurses have played no small part in it. Lady Hermione Blackwood has taken a special interest in the "Contrast Room," which is a sort of "Before and After" in regard to the treatment of tuberculosis. Nurses are to be stationed at the various exhibits and will help to explain them to visitors.

**Hospital for Sick Children, Belfast.**—This Hospital, which is the only Children's Hospital for the North of Ireland, needs funds. A bazaar has lately been held, and has realized £1,000, but £15,000 are wanted.

## SCOTLAND.

**The Caird Cancer Hospital.**—Mr. J. K. Caird, LL.D., a Dundee manufacturer, has presented a beautiful building and research department to the Dundee Royal Infirmary. It is to be devoted to patients suffering from cancer.

## UNITED STATES.

**Hospital Taxes.**—Chicago has made the mistake of taxing hospitals, a thing which no other city does. The Chicago hospitals are assessed at \$2,000,000.00.

**Miss Nutting at Columbia.**—*The American Journal of Nursing* states that this will be a Red-Letter Year for the Course in Hospital Economics at Teachers' College, Columbia University. The new Professor, Miss Nutting, and her Assistant, Miss Hedges, are now at work, and THE CANADIAN NURSE and all her readers wish our friend, Miss Nutting, and her assistant the greatest success.

### Correspondence

DEAR MADAM,—Just now there is very little sickness in Winnipeg, owing, I expect, to the cool, wet summer we have had, as well as the improved sanitary arrangements; though all through the Province we have had very little of our old scourge, typhoid fever, this summer and fall.

For the last few years Winnipeg has been the objective point for nurses from all over the world, so that at the present time we have, I think, more nurses in ratio to the population than any city in the Dominion. And still they come!

Our disengaged list is very large at present. Not altogether owing to these things, but partially to the fact that good domestic help is so hard to get. Frequently, when a graduate would be engaged and save after-complications, a woman is employed who will undertake to do the housework and look after the patient at the same time.

We have a good many communications from Eastern nurses about positions in the West, but I think if they are comfortably settled it would not be wise for them to come out just now.

Winnipeg.

M. A. MCKIBBON.

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### The Contributors' Club.

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#### FROM A POCKET-BOOK.

We are indebted to one of our subscribers, a Canadian graduate of the Michael Reese Hospital of Chicago, for the following beautiful lines. They were found in rough form in the pocket-book of Miss Waddell, who was also a graduate of the Michael Reese, after her untimely death, and the Michael Reese Nurses' Association had the extracts printed and published in an engrossed and illuminated form. In little more than a year, from the sale of these cards, the Association was able to endow a room for nurses in the new Michael Reese Hospital. It is called the Louise Waddell Room. What a beautiful memorial!

#### LIFE WORTH LIVING.

To be happy, hopeful, buoyant, kind, loving from the very depths of my heart; considerate and thoughtful regarding the peculiarities and eccentricities of human nature; adjusting myself to each so as to produce harmony and not friction; to be pure in thought, word and deed; broad-minded and liberal, not given to petty denunciation of my fellows; moderate in methods of life; never adding a burden or sorrow where a little forethought would give pleasure; not hasty in speech or action; sincere, candid and truthful in every detail; conscientious in the execution of every duty; composed, unpretentious and simple, keeping close to Nature's heart and always relying upon Him I most earnestly strive to serve; keeping ever before me that exemplary Life as my rule of conduct toward men, thus creating an influence for good. This is my idea of making "Life worth Living."

LOUISE M. J. WADDELL.

### Official Department.

THE CANADIAN NURSE has the honor of publishing official information from . . .

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnæ Association.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnæ Association.

The Toronto Grace Hospital Alumnæ Association.

The Toronto Graduate Nurses' Club.

The Toronto Hospital for Sick Children Alumnæ Association.

The Toronto Riverdale Isolation Hospital Alumnæ Association.

The Toronto St. Michael's Hospital Alumnæ Association.

The Toronto Western Hospital Alumnæ Association.

The Winnipeg General Hospital Alumnæ Association.

The Vancouver Graduate Nurses' Association.

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#### THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

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Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

*Sick Visiting Committee:* Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

**THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR  
SICK CHILDREN TRAINING SCHOOL FOR  
NURSES, TORONTO.**

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Officers, 1906-7: Hon. President, Miss Brent; President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Recording Secretary, Miss Louise Cooper, York Mills P.O.; Corresponding Secretary, Miss Alice Robertson; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors, Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

*Conveners of Committees:* Arrangement and Publication and General Business, Miss Goodall, 666 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

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**TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.**

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Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbans, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

*Conveners of Standing Committees:* Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss A. Boyd; THE CANADIAN NURSE Representative, Miss Frieze.

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**QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING  
SERVICE.**

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The following ladies have received appointments as Staff Nurses: Misses A. R. Hyslop, E. S. M. Forrester, K. Lowe, K. M. Procter, H. V. B. Wolseley, A. Lee, C. R. Townend, A. E. Allen, A. E. M. Steen.

**POSTINGS AND TRANSFERS.**

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*Matrons.*—Miss H. McCurdy, to M. Hp., Dover, from M. Hp., Canterbury; Miss M. Russell, R.R.C., to R. H. Hp., Woolwich, from M. Hp., Colchester; Miss L. M. Stewart, R.R.C., to M. Hp., Canterbury, from M. Hp., Gibraltar.

*Sisters.*—Miss J. A. Evans, to the Q. A. M. Hp., Millbank, London, from M. Hp., Gibraltar; Miss A. Barker, to C. Hp., Aldershot, from M. Hp., Chatham; Miss A. L. Walker, to M. Hp., Curragh, from C. Hp., Aldershot.

*Staff Nurses.*—Miss M. E. Don, to C. Hp., Aldershot, on appointment; Miss H. V. B. Wolseley, to C. Hp., Aldershot, on appointment; Miss E. K. Parker, to M. Hp., Portsmouth, from C. Hp., Aldershot.

#### APPOINTMENTS CONFIRMED.

*Staff Nurses.*—Misses E. H. Davies, I. M. Johnston, F. A. Loseby, C. Macrae, N. R. McNeil, F. J. Mitchell, B. M. Nye, M. C. Watson, E. Fraser.

C. H. KEER,

*Matron-in-Chief, Q.A.I.M.N.S.*

### Hospital and Training School Department.

THE new General Hospital in Port Arthur will be opened at an early date in 1908. It has accommodation for thirty patients.

THE Sisters of St. Joseph are this fall opening a new hospital in Parry Sound. Sister Ligouri, recent graduate of St. Joseph's Hospital, Port Arthur, will be one of the sisters in charge.

ON November 1st graduating exercises were held in the Sarnia General Hospital. The graduates were: Miss Lottie Stevenson, Miss Alice M. Harrison, Miss Edith M. Reid, and Miss Mattie Montgomery. Beside the presentation of diplomas and the hospital pins, each graduate received a twenty-dollar gold piece. At the close of the programme refreshments were served to the friends present and a most enjoyable evening was spent by all.

FROM the 5th to 9th November the Ottawa Drill Hall was the scene of a festive gathering. A Fair was held by the Daughters of the Empire in aid of the Ottawa Anti-Tuberculosis Association. Their Excellencies were much interested and took part, extending their patronage and support. "The Streets of Paris" were represented and the booths named after various nations. Those selling in the booths wore costumes designating the country. The Fair was opened by His Excellency, by Sir Wilfrid Laurier, Sir Frederick Borden, and by the Mayor on each of the four evenings respectively. Each evening the performers marched in costume twice around the hall, making a beautiful and interesting feature of the evening. About \$15,000 was realized, and it is hoped as a result that Ottawa will shortly have a Relief Home for advanced cases of tuberculosis.

THE two new balconies erected on the south side of the Owen Sound G. and M. Hospital were completed in September. The O. S. G. and M. H. Ladies' Auxiliary contributed \$900.00. Total cost was \$1,270.00.

THE October meeting of the T. W. H. A. A. was held at the Orthopedic Hospital, when a lecture was given by Dr. MacKenzie on orthopedic work. After the address refreshments were served and a social time enjoyed. At the November meeting of the T. W. H. A. A. an address was given by Dr. Gifford Kilborn, a returned missionary from China.

THE first graduating exercises of the St. Joseph's Hospital Training School for Nurses, Port Arthur, were held Oct. 26th, in the C. M. B. A. Hall, which was decorated with the school colors, pale blue and white, also many palms, ferns, and cut flowers. At 4 o'clock the hall was filled with invited guests, among them Rev. Mother Clotilde, superioress of the community, also a number of sisters from the different houses in the two cities. The programme was opened by Mrs. Cauchon and Miss Crooks playing Liszt's Second Rhapsody. The chairman, Dr. Smellie, M.P., then addressed the graduating class, wishing them success in their noble profession, and also referring to the early history of the hospital, when it was started twenty-six years ago by a small band of the Sisters of St. Joseph. The diplomas were then presented to the graduates by Dr. Beck, who delivered a very interesting address to the nurses, reminding them to be always true to their Alma Mater, also dwelling on the advantages to nurses training in small hospitals, where they are almost constantly under the supervision of the head nurse. Very dainty gold medals were presented the graduating nurses by Dr. McGrady, who spoke in high terms of the work done by the class of sisters and nurses and of the thorough training that had been given them. Dr. Laurie gave a practical and interesting address. He congratulated the graduates on their recent very creditable examinations and on being the first class to graduate from the school; he congratulated the sisters on the success of the institution, and particularly Miss Regan, head nurse, who established the Training School here three years ago, and to whose work the success of the school is largely due. Addresses were given by Fathers Grenier, Primeau, Cache, and Rev. Mr. Walker. All had kindly words to say of the hospital, the sisters and nurses, and congratulated this, the first class to graduate from the Training School. A violin solo by Miss Hanley and singing of the National Anthem closed the programme, after which refreshments were served by members of the Hospital Ladies' Aid. Four sisters graduated and two nurses: Miss York, Port Arthur; Miss Perrault, North Bay. The nurses wore white uniforms and received many beautiful flowers from their friends.

THE "Rolland M. Boswell" Hospital is most healthfully situated, surrounded by prairie, nearly a mile from the town. It has most of the city conveniences. Just recently the telephone has been adjusted, and very soon the electric light will be in town. There are two bright public wards, windows facing south-east and doors opening on to a large verandah, upstairs and down. There are three nicely furnished private wards, all occupied, and a very nice little operating room, well equipped. The sterilizer is one of the best. The dispensary opens off from the office, but is not well arranged yet, though it is well supplied. The staff is five in number, Miss C. A. Mitchell and two assistants, a maid, and a man to attend furnace, etc. The town doctors take care of our poor patients for the privilege of having theirs admitted and taken care of, they being mostly pay patients. This hospital is a missionary hospital, and was built by the Presbyterian Church for the good of the poor, mostly Galicians. As there are about forty thousand of them settled within twenty-five miles of us, our work will be chiefly among foreigners. We find them very interesting so far.

A VERY pleasing ceremony took place at Government House, Regina, recently, when His Honor the Lieutenant-Governor presented diplomas to three young ladies, graduates from Regina Victoria Hospital into the ranks of the nursing profession. The young lady graduates were Miss Walsh, daughter of W. F. Walsh of Regina; Miss Dale, of Qu'Appelle, and Miss Caryl, of Brandon. In a brief speech His Honor extended congratulations to the young lady graduates, and referred to the Provincial character occupied by the Regina Hospital, as evidenced by the fact that two of the graduates hailed from points outside the city. His Honor handed to each of the young ladies their parchments, and Madame Forget pinned on their breasts the small gold pins of the Victorian Order. The special gold medal presented some time ago by Dr. D. Low for yearly presentation to the graduate showing the highest standard of efficiency was awarded to Miss Walsh and pinned on her breast by Mrs. Low. Following the presentations speeches were made by Miss Chalmers, matron of the hospital; Drs. Low, Thomson, Cowan, President J. M. Young, and Vice-President C. E. D. Wood of the Hospital Board; Rev. S. G. Hill, Rev. E. A. Henry, and Mayor Smith. The splendid work done by the hospital, the efficiency of the nursing staff, the bright outlook for a large, new, and thoroughly up-to-date hospital of a Provincial character, were among the subjects dwelt upon. Mayor Smith made pleasing reference to the fact that the ladies graduating that day had not only completed their studies in Regina Hospital, but had commenced them there, and were in every sense Regina Victoria Hospital nurses. The warm interest which had always been manifested by the Lieutenant-Governor and Madame

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Forget in the work of the institution from its inception to the present time was gratefully acknowledged by all. The guests at the ceremony included the members of the Women's Hospital Aid, the members of the medical profession, the members of the Hospital Board, and the Rev. Sisters of the Order of Grey Nuns; Mr. Dale, of Qu'Appelle, father of one of the graduates, was also present. After the speeches the guests adjourned to the dining-room, where refreshments were served. The large table presented a pretty picture, groaning beneath a load of dainty things to eat and magnificent flowers.—*Press Report*.

A NEW operating room will be built for the Berlin and Waterloo Hospital.

By the will of the late Mr. Alex. Buist, Collingwood General and Marine Hospital receives \$500.00, to be spent as the trustees shall deem best. The new sun wards in connection with this hospital are nearly completed, and when finished will add very much to the well-being of the patients who may occupy them.

THE General Hospital, St. John's, Nfld., has adopted a badge to be worn by its graduate nurses. It is about the size of a 20c. piece and has a red cross on a white ground surrounded by a blue band with "General Hospital, St. John's," in gold letters. At the back is the name of the nurse and the date at which she graduated.

MISS SWYERS and Miss Blackmore of the General Hospital, St. John's, Nfld., have joined the Victorian Order of Nurses, Canada. Hitherto it has been a drawback to this training school that the nurses have had to go elsewhere for their obstetrical training. For the future they will be able to attend the "lying-in" home in the city for the practical part of the work and receive their theoretical instruction at the hospital.

THE first Directors' meeting of the Toronto Graduate Nurses' Club was held at the Residence, the Sick Children's Hospital, on Thursday evening, November 21st, at 8 o'clock. The following officers were elected: President, Miss Bowerman; 1st Vice-President, Miss Matheson; 2nd Vice-President, Mrs. Roden; Corresponding Secretary, Mrs. Greer; Recording Secretary, Miss Barwick; Treasurer, Miss Argue. The following were appointed conveners of the various committees, they having the power to choose their own associates: House Committee, Miss Brent; Entertainment Committee, Miss Mary Gray; Press and Publication Committee, Mrs. Roden; Membership Committee, Miss Barwick. The Treasurer reported that the funds in the bank now amount to \$683.20. Some other business was transacted and the meeting then adjourned.

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Physicians all admit that

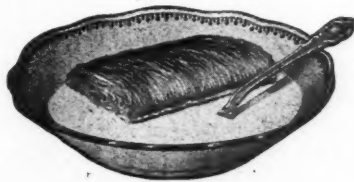
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THE new hospital at Medicine Hat, Alta., has been opened.

NEW hospitals will shortly be built at Orangeville, Ontario; Yarmouth, Nova Scotia, and Humboldt, Manitoba.

THE Canadian Hospital Association will hold its second annual meeting in the Parliament Buildings, Toronto, on Easter Monday and the following Tuesday, 1908. A reception will be given by the president of the association on Monday evening. A programme is in course of preparation.

A FIRE broke out in one of the hospital tents in connection with the Toronto Western Hospital on November 19th last. It did not, however, find the staff unprepared. Fire drills and fire signals have been for some time practised in the hospital, and were used to good effect. The patients were promptly reassured and protected. Miss Smedley, the Superintendent, estimates the loss at about \$150.00. It is stated that electric light wires caused the fire.

MISS SIMPSON, a graduate nurse of twenty years' standing, from the Toronto General Hospital, died at the pavilion of the T. G. H. last month, deeply and sincerely regretted. Great hopes were entertained of Miss Simpson's recovery from an operation which she had undergone, but it was not to be. She had spent almost all her professional life as a missionary nurse in India under the Baptist Church. Her field was at Cocanada, among the Telegus, and she and her work were highly esteemed by all who knew her.

THE annual meeting of the Alumnae Association of the Royal Victoria Hospital was held on Wednesday, October 9th, in the reception room of the Nurses' Home. After routine business a very interesting and inspiring address was given by the President, Miss Gilmour, and we are sure that the thoughts expressed will linger long in the memories of the members who were present. The election of officers was the principal business of the evening, and votes by ballot were taken, the result being the election of the following officers: Miss Gilmour, President; Miss Grant, 1st Vice-President; Miss Lewis, 2nd Vice-President; Miss Cornell, Secretary; Miss Hall, Treasurer; Miss Cooper, Corresponding Secretary. Afterwards refreshments were served in the dining-room.

ON November 12th Dr. Gordon Bell gave the second lecture of the series arranged by the Alumnae Association of the Winnipeg General Hospital. His subject was "The Modern Treatment of Tuberculosis." He outlined briefly the discoveries which finally led to the isolation of the bacillus of Koch. Passing on, he described the various advances in the treatment of the disease as

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manifested in the modern sanatorium method, emphasizing particularly the regulation of exercise, forced feeding, and cheerful environment. He expressed the opinion that eventually some form of serum would be discovered whereby the disease might be controlled, but said that in the meantime it behooved all who were associated with the care of the public health to do all in their power to combat this "white plague" that for so many centuries has slain its thousands every year. After the lecture an informal discussion was held as to the part to be taken by the nurses of the Province in the Provincial sanatorium method. It was suggested that a subscription list be opened, and also that an entertainment be given as a means of raising money for this most worthy object. No definite action was taken, but the matter is to be taken up by the Provincial Nurses' Association at their next meeting, when some definite action will probably be decided upon. The attendance at the lecture was very large; indeed the members of the Entertainment Committee have been much encouraged by the popularity the course has attained. It has already fulfilled its object in bringing the nurses of all schools together and breaking down the barriers of reserve that make concerted action difficult. The next lecture will be "Diet in Relation to Health and Disease," by Dr. Mary Crawford.

"LALLY BERNARD" describes a visit to the Lady Minto Hospital at Yorkton V.O.N., in *The Globe* of November 2nd, 1907: "A flying visit was paid to the cosy Minto Hospital, where the Victorian Order of Nurses, under an able superintendent, looks after the charges consigned to their care with admirable solicitude. This is a hospital where the wives of settlers as far as eighty miles distant from Yorkton are often found—women who come to seek the skill and care of the staff when a new Canadian citizen makes its appearance in this world. What a boon these hospitals must be to the woman of any class who needs not only medical attendance and good nursing, but the quiet and repose which a hospital ward can give, in contrast to the tiny shack with its lack of privacy and comfort of her own sex about her! The writer's last glimpse of the founder of the Victorian Order of Nurses in Canada was in her own charming residence in Grosvenor Street, London, where, as the wife of the Viceroy of Ireland, Lady Aberdeen gathered about her the distinguished circle of friends who delight in her society. Lady Minto, the founder of the Minto Hospitals, was at one of the splendid functions given in honor of the colonials present at the conference last summer—a radiant figure, adorned with shimmering satin and wearing a truly regal tiara of diamonds. To both these vice-regal queens one's thoughts flew as one stood on the steps of the Cottage Hospital at Yorkton and bade adieu to the superintendent."

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MISS BAKER has been appointed Lady Superintendent, V. O. N., Toronto.

MISS MARY J. O'NEILL, Superintendent of Guelph General Hospital, has sent in her resignation, to take effect in February, 1908.

THE St. Eugene Hospital at Cranbrook, B.C., is doing good work there. The hospital building is a large one and well fitted up. A new wing was added last summer.

Miss Edith Hardy, who has been Superintendent of the Ottawa Home for several years, has resigned her present position in order to take charge of the V. O. district work in Vancouver at the beginning of the New Year.

THE Tranquille Sanatorium, for the treatment of incipient tuberculosis, was opened on Nov. 28th at Kamloops, B.C. The Medical Superintendent is Dr. R. W. Irving. Miss Jean Mathieson (W.G.H., 1899, and formerly Lady Superintendent of the Royal Inland Hospital, Kamloops, B.C.) has been appointed Lady Superintendent, and Mrs. Clark (V.G.H.), Staff Nurse. This is a great step in advance, and the sanatorium will be a blessing to British Columbia.

A SOCIETY in Ottawa has been organized, called The Ottawa Graduate Nurses' Association. Its object is to promote unity and good-fellowship among its members and the advancement of professional interest and education. Fifty-six members were enrolled at the first meeting. The officers are: Miss Chesley, President; Mrs. Douglas, Secretary; Miss M. K. Gallaher, Treasurer. Meetings to be held the second Thursday in each month, at 3.30 o'clock, in Y. W. C. A. The annual meeting will be in April.

THERE have been some new appointments to the staff of head nurses of the Royal Victoria Hospital: Miss Edsall has taken charge of the new private wards recently opened; Miss Bryce of the gynæcological ward, and Miss Guernsey of the eye and ear ward. These are all graduates of the class of '07. Miss Baynes, who has spent the last year in England, has returned, and is in charge of the men's medical ward.

THE first graduating exercises of the Training School for Nurses connected with the General Public Hospital, St. John, N.B., were held at the hospital on the evening of November 12th, 1907, when the following nurses were presented with their diplomas by Thomas Walker, M.D., president of the hospital: Esther Blanche Rainnie, Nellie E. L. MacDonald, Bessie Jean Craib, Margaret



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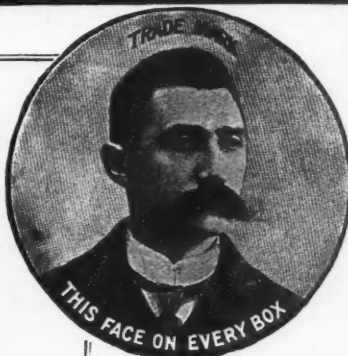
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Jamieson McDonald, Nora Gleeson Foss, Rose Ella Donahue, Nella Myrtle Wilson, Maude Pearl Gaskin. This class is the largest ever graduated from this school. Mr. Henry Hilyard, chairman of the Training School Board, gave the report of the school and briefly spoke of the improvements that have taken place since its organization in 1888. The addresses of the evening were given by the Rev. W. O. Raymond, D.D., and by Dr. J. W. Daniel, M.P.

ON Dec. 11th fourteen of the nurses of St. Michael's Hospital, Toronto, gave a dinner at the St. Charles to one of their number, Miss Fitzpatrick, of Lindsay, on the occasion of her leaving the hospital. Among those present were Misses Graves, O'Connor, Doland and Gough. The tables were decorated in the hospital colors, red and white, and a musical programme added to the enjoyment of the guests.

AT a meeting of the Executive of the Canadian Hospital Association at the Hospital for Sick Children, it was decided to hold the next meeting of the Association in Toronto in the Parliament Buildings (if the rooms can be obtained) on Easter Monday and the following Tuesday, 1908. The meeting will open at 2 o'clock on Monday; the Tuesday session will be held at 9.30 a.m. and 2 p.m. A reception will be given by the President, Miss Brent, in the new Nurses' Home of the Children's Hospital on Easter Monday evening at 8 p.m. Dr. S. S. Goldwater, Superintendent of the Mount Sinai Hospital, New York, and President of the American Hospital Association; Dr. C. K. Clarke, Superintendent of the Toronto Hospital for Insane; Del T. Sutton, Esq., editor of the *National Hospital Record*, Detroit; Dr. W. J. Dobbie, Superintendent of the Toronto Free Hospital for Consumptives, and Henry M. Hurd, Esq., Superintendent of the Johns Hopkins Hospital, Baltimore, have promised to give papers. A number of the Canadian superintendents have also been invited to contribute to the programme.

THE Board of Directors of the Toronto Graduate Nurses' Club met at the Central Registry Office on Dec. 4th. It was decided that, owing to "stringency of money market" among the nurses, it would be inadvisable at the present time to contract any further liability, such as renting or buying a club house. Further arrangements were made for the publication of a souvenir book for the club, which will describe the working of the different nurses' organizations of Toronto, as well as the special work, such as the Standen & Hunter maternity outfit, the cook book of the Alumnae of the Sick Children's Hospital, THE CANADIAN NURSE, and hourly nursing. This will also contain advertisements of the different firms patronized mostly by the nurses. An emblem was also selected, the monogram of the club encircled by a garter, with the motto "United We Succeed," and at the top a red Maltese cross. This is

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to be made into a gold pin to sell at about \$2.00. At the next meeting arrangements are to be perfected for a reception to be given by the club to all the nurses of Toronto, early in the new year. It is expected that with the money already on hand and by the success of the winter's campaign, the club will be in a good position to go on next autumn with its plans.

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### Personals.

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MISS FYFE of the V. O. Hospital, Swan River, is visiting at her home in Kincardine, Ontario.

MISS EMILY CRUISE, class '05, G. and M. Hospital, Owen Sound, is spending a few weeks in Toronto.

MISS EMMA ELLIOTT is going to Muskoka for a time to fully recuperate after her attack of typhoid fever.

MISS M. GUNNE (Dauphin G. H., '07) left in December for Victoria, where she expects to do private nursing.

MISS YORK and Miss Perrault, graduates of St. Joseph's Hospital, Port Arthur, will do private nursing in the city.

MISS MCKINLAY, formerly of Kootenay General Hospital, Nelson, B.C., is now doing private nursing in Vancouver, B.C.

MISS BEATTY, late night superintendent of the Royal Victoria Hospital, has gone to New York to take up private work.

MISS ANNIE WALSH, a graduate of Kingston General Hospital, has returned from a visit of eight months to Great Britain.

THE many friends of Mrs. Fortner (nee Miss Speers of T. W. H.) will be glad to hear of her recovery from her recent illness.

MISS McMILLAN and Miss Fisher, graduates of the Royal Victoria Hospital, are engaged in private nursing in Seattle, Washington.

MRS. B. G. HAMILTON (nee Crawford, graduate T. G. H.) has just been elected a member of the Women's Hospital Aid Association in Calgary.

WILL all graduates of the Hospital for Sick Children, Toronto, kindly notify Miss Goodall, 666 Euclid avenue, Toronto, of any change in their addresses.

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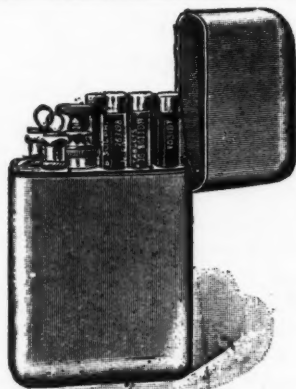
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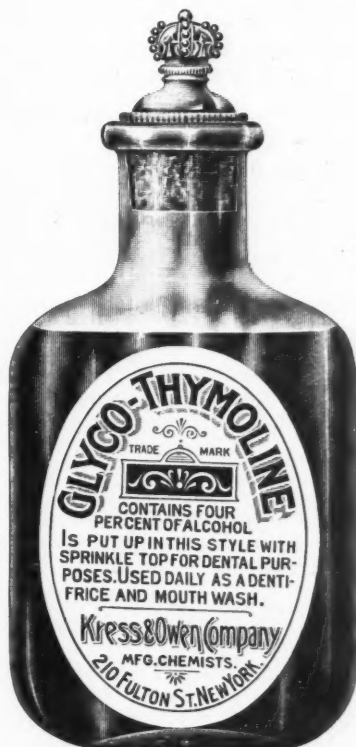
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MISS HART, graduate of the Royal Victoria Hospital, who was engaged in hospital work in Valore, India, has returned and is now at her home in Sackville, N.S.

MISS MACINTOSH, graduate of the Royal Victoria Hospital, who has been in charge of the Outdoor Department for some time past, has gone to New York and is engaged in private nursing.

MISS BRENT, Superintendent Sick Children's Hospital, Toronto, spent a few days in Ottawa, the guest of Miss Meiklejohn. Afternoon tea was held at the Lady Stanley Institute, to which the graduate nurses in Ottawa were invited to meet Miss Brent.

MISS ANNIE BROWN (Dauphin G. H., '07) has accepted a position as head nurse on female medical wards in the Hockley Hospital, Muskegon, Mich., U.S. She commenced her duties on Nov. 20th.

MISS JONES, graduate of the Royal Victoria Hospital, has resigned her position as Superintendent of the General Hospital, Columbus, Ohio, and returned to the Presbyterian Hospital, Chicago.

MISS RANDALL, graduate of the Royal Victoria Hospital, who has been Superintendent of the General Hospital, Rutland, Vt., for the past two years, has gone to take up private nursing in Los Angeles, Cal.

MISS SEXTON, a graduate of the Royal Victoria Hospital, who has been engaged in private nursing in New York for some time, has returned to Montreal and taken up the work of the Victorian Order of Nurses there.

MISS GREEN and Miss Rodd, graduates of the Royal Victoria Hospital, are in British Columbia, the former superintendent of the hospital in Golden, the latter assistant superintendent of the General Hospital, Vancouver.

MISS TILLIE O'DONOHUE, graduate of the Royal Victoria Hospital, was married last September in Ottawa to Dr. Sutherland, of Revelstoke, B.C. The best wishes of their many friends in the R. V. H. go with them to their distant home.

A VERY pretty wedding took place on Wednesday evening, November 20th, at the residence of Mr. and Mrs. Wright, Westmount, when Miss Annie Crocker, a graduate of the Royal Victoria Hospital, class '04, was married to Dr. Lauchland of Dundas, Ont. Dr. and Mrs. Lauchland carry with them the best wishes of their many friends in the Royal Victoria Hospital.

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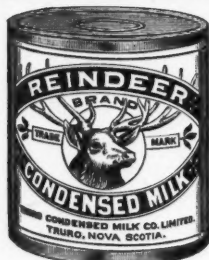
DR. AND MRS. BRUCE HILL have removed from Swan River to 75 Sherbrooke Street, Winnipeg, where Dr. Hill intends practicing. (Mrs. Hill was Miss A. Brown, graduate of the W. G. H.)

A PLEASANT time was spent at the Nurses' Home of the G. and M. Hospital, St. Catharines, on the evening of November 20th, when the pupil nurses and a number of the graduates gathered together to give one of their number, Miss Minnie Draper, a shower of kitchen utensils. A most enjoyable time was spent.

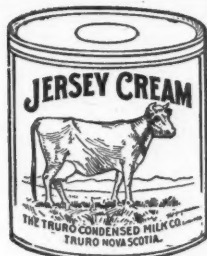
MISS BETHEL STAPLES, graduate of the Owen Sound General and Marine Hospital, class '05, who had been engaged at private nursing in this city, on the 10th of November was called to her home in Ingersoll to attend her mother, who had met with an accident. Miss Staples' many friends hope the injury is not of a serious nature, and that she may soon be able to return to Owen Sound.

ON the evening of Dec. 11th a very pleasant farewell reception was tendered to Miss Smedley, who has resigned the position of Superintendent of the Western Hospital of Toronto on account of her approaching marriage, by the Ladies' Board of the Hospital. A good musical programme was rendered, the Hon. Thomas Crawford being in the chair, and at the conclusion Dr. A. Stowe-Gullen presented Miss Smedley, on behalf of the Ladies' Board, with a cabinet of solid silver, and Dr. John Ferguson, on behalf of the Board of Governors, presented her with a solid silver tea service with Doulton cups and saucers.

THE wedding of Miss Gertrude N. Wilshire, of Sydney, Australia, to Mr. C. Channing Buckland of Auckland, New Zealand, was celebrated at Christ Church, Vancouver, by the Rev. C. C. Owen. The bride entered the church on the arm of her brother, Mr. Clive Wilshire, and was attended by Miss Evoryna Babington. The bride looked strikingly handsome in a white cloth travelling suit with French felt toque trimmed with ostrich plumes, and her mother's bridal wreath forming a bandeau. She carried a shower bouquet of white roses and wore a gold watch and chain, both gifts of the bridegroom. Miss Babington was attired in a white Panama suit, with pink points, and wore a white felt hat trimmed with pink roses and mink. She carried a bouquet of pink roses and wore a pearl and amethyst brooch, gifts of the bridegroom. Mr. W. S. Morrin ably carried out the duties of best man. The bride and bridegroom left by the mid-day boat for Vancouver Island en route to Skagway.



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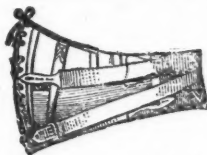
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## MARRIAGES.

WHITE—TRITES.—Wednesday, October 30th, 1907, at the residence of Mr. Ernest Nobles, Edmonton, Alta., Louise Trites (graduate of the Protestant Hospital, Ottawa, Class 1899), to Mr. Chas. T. White. At Home after June 1st, 1908, Sussex, New Brunswick.

## DEATHS.

JAMES.—At Dauphin General Hospital, Dauphin, Manitoba, on Nov. 1st, 1907, Miss Ada James, of Dunnville, Ont., in her 22nd year. Miss James was in her first year in training in the same hospital.

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The Nurse's Library.

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*Fragments That Remain.* M. D. BABCOCK. New York, Chicago, London, Edinburgh, Toronto: The Fleming Revell Co.

When the nurse needs a book with a true spiritual message, to read herself, or to read aloud to her convalescent, sometimes, too, to read to those for whom there is no convalescence more in this world, she will be glad to know that some sermons and addresses of Dr. Maltbie Davenport Babcock were preserved by one of his hearers, Jessie B. Goetschius, in her notes, and have now been published. These pages are precious—the words of one who had found the Way, the Truth and the Life, and was able to show it to others.

*The Gospel Message.* By THE REV. CANON NEWBOLT. London: Longmans, Green & Co.

Eleven sermons preached in St. Paul's Cathedral are here republished by Canon Newbolt, who is one of the best of modern preachers. They make a pleasing little book, light and easy for the hand of a sick person to hold, or very suitable for a nurse to read in the sick-room, as we are often requested to do.

*The Operating Room and the Patient.* R. S. FOWLER, M.D. Philadelphia: W. B. Saunders Co. Toronto: J. A. Carveth Co. \$2.00.

This is the second edition of a book which has been well received by the profession. It has been thoroughly revised and chapters have been added on "After-treatment and Wound Complications." This is a book which should be in every training school library, and nurses will find it most satisfactory for reference and help in difficulties connected with surgical and operative work.

## New Books Just Issued.

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## The Nurse's Calendar

The Alumnae Association of the Toronto General Hospital Training School has issued a **Calendar for 1908** consisting of daily quotations from various authors. The object is to establish an emergency fund for sick nurses. The Calendar is gotten up in an attractive form in the school colors and will be **for sale early in December** at any of the Nurse's Homes.

**Price 50 Cents**

*Labour and Childhood.* MARGARET McMILLAN. London: Swan, Sonnenschein & Co., Ltd.

School nurses and those looking forward to such work, as well as all those interested in children and in social questions will be filled with joy when they get hold of this book. One cannot help reading it. The author, a distinguished Englishwoman, and a worker as well as a writer, has brought her knowledge and enthusiasm to bear upon her readers in such a way as to render all she says not only interesting, but fascinating.

*The Case for Women's Suffrage.* London: T. Fisher Unwin. 2s. 6d.

Sixteen of the chief advocates of this movement, including Mrs. Fawcett, Miss Pankhurst, Miss Margaret McMillan, Eva Gore-Booth, Keir Hardie, M.P., and Israel Zangwill, have contributed as many articles which form the present volume. The questions of women's suffrage is becoming a very serious one in Great Britain. It must be faced; it cannot be long delayed. We should inform ourselves thoroughly about it, and there is no better way to do so than to read this book.

*Sex Equality.* EMMET DENSMORE, M.D. New York and London: Funk & Wagnalls Co. \$1.50.

Dr. Densmore has courageously expressed his views on a very difficult subject, but a vital one—and one with which modern civilization is now busily engaged. He follows the views of Spencer and Darwin and holds that many of the present differences between men and women are the result of environment. One of the most interesting chapters is that on "The Future of Woman," where the author says: "The truth is that the contributions of man and woman are of equal value because equally indispensable."

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THERE is a Resting Room and a Retiring Room in connection with the Women's Banking Office, at the Crown Bank of Canada, 34 King Street West, Toronto. A hearty invitation is extended to members of the nurses' profession all over Canada to make use of these rooms, both for themselves and for their friends or patients who may be passing through the city.

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TO GET STRONG.—This is the season when "Grippe" finds victims everywhere. By the ocean, lakes, or inlands, and even on the hills. It is such an erratic disease, and attacks patients at different times in different ways. There is the influenza type; the

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congested brain and nervous symptoms make a serious complication in some cases; the pneumonia, rheumatic and intestinal varieties are also frequent, and each case requires individual treatment. The taking of powerful drugs, or amounts of alcoholic stimulants should be strictly avoided. Quietness, warmth, warm baths and some liquid nourishment, also plenty of water to drink, are safe directions to follow. Stay in bed until the acute symptoms subside and the temperature is normal. During the attack, and especially the convalescing period, there is no remedy or food which will so quickly repair the ravages of the disease, make new blood, give force and strength to the patient as Scott's Emulsion and soda combined are the very food and tissue elements the sion of Cod Liver Oil. The pure oil and the hypophosphites of Grippe patient needs. In winter, fat foods are more essential than in summer, and the tendency to catarrhal conditions, while the nourishing of the body goes on, will be quite overcome by daily taking Scott's Emulsion.—*Dr. Maude Kent in American Housekeeper.*

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THE attention of the profession is called to the ever increasing demand for well trained nurses in the scientific application of the Swedish system of massage, medical gymnastics, electro- and hydro-therapy. Almost all the hospitals under construction and all the sanitariums have now mechanical departments included in their equipment, and necessarily need competent nurses in charge of the same, not merely as operators but also as instructors. This opens a wide and remunerative field for the progressive nurse. Almost two hundred of our graduates have been engaged in the last few years by hospitals and sanitariums for such positions, and at the present time we have a greater demand for such operators than we can supply. Nurses who are willing to engage in this line of work, either to obtain institutional positions or to attend to private practice, are advised to write for the illustrated prospectus of the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, containing the necessary information about our winter classes opening on January 21st, 1908. An early application for admission is advisable.

# The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

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VOL. IV.

TORONTO, FEBRUARY, 1908.

No. 2

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## AN ADDRESS.\*

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PRESIDENT AND LADIES:—

This is the second time that you have done me the honor of asking me to speak to you. For, as some of you may remember, four years ago I made my official introduction to your Association. Since that time I have come to know you better, to know many more of you personally, I have become familiar with your Association, its doings and its difficulties, and so have come more thoroughly to appreciate it. I am glad to know that it not only exists, but continues to flourish. Already it has justified its existence.

I feel that your Association accomplishes much good for the nursing profession in this city. It binds together and unifies the graduates of our different Nursing Schools. With it and its work I shall always have great sympathy. Let me thank you again, as I did four years ago, for the honor and the pleasure of again meeting you.

You all remember the late Dr. Craik, and how good a friend he was in the early days of our Montreal Training Schools. His various addresses—and, as you remember, he was an excellent speaker—have lately been bound together, and, in book form, distributed to the profession by his sister-in-law, Miss Simmers. I have been reading lately some of these addresses, and among them are the following: "Address at the Formal Inauguration of the General Hospital Training School for Nurses," December 11th, 1890—only seventeen years ago; "Address at the First Graduation of Nurses, the Royal Victoria Hospital," April 28th, 1896—only eleven years ago; "Address at the Meeting of the Victorian Order of Nurses, Montreal," April 21st, 1897—only ten years ago.

I have read these addresses, and excellent they are—wise, encouraging and sympathetic.

And so our oldest Training School in Montreal, indeed I may say in Canada, is only seventeen years old. It impresses me very much to see all that has been accomplished in those seventeen years. The nursing profession is only a mere youth—a mere stripling;

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\*Delivered at the December meeting of the Canadian Nurses' Association in Montreal.

and yet it has had a very busy childhood—a precocious individual from the first, it already has accomplished much. Only a youth, it has all the years, the long, useful years of a middle life to look forward to. May it never grow old!

Your own Association is, I understand, twelve years old, and Miss Rogers was your first President. In those twelve years your Association has come to be the official head of the Nursing profession in this city. As I understand it, any nurse of good standing, a graduate of any recognized Training School, may become a member. In this way, in the broadest and, therefore, the truest sense, you are representative and cosmopolitan. Nothing is ever gained by an Association or a Training School being narrow, parochial or exclusive. Such a community soon becomes in enterprise, old-fashioned, obsolete; its methods become stereotyped, it gets into a rut. No, take in all worthy representatives of all Training Schools, imbibe with them fresh ideas, and so incorporate with yourselves new vigor and new life. May your Association continue to flourish!

May I remind you that in my last paper read before your Association four years ago I took up and discussed the following subjects:

1. Abdominal Section—the preparatory and after treatment.
2. The administration and uses of the vaginal douche.
3. The Weir-Mitchell treatment of chronic neurasthenia.

There have been, as you are aware, Nurses, no very great changes in the nursing care of our patients during these four years. "The new perishes, the old endures," is here also true. The treatment to-day is much the same as it was then. A few details have changed, some new measures have been introduced, and it is of these that I wish first to speak.

First, then, Abdominal Section. In the preparatory treatment there is practically nothing new. We prepare the skin in much the same way as before. But in the after-treatment of abdominal cases there have emerged during the last few years—gradually emerged—two main points of difference. In other words, in two directions we are departing from the old, classic treatment of our abdominal cases. These two points are: (a) a shortening of the time in which the patient is kept in bed after abdominal section; (b) the passing of the old so-called nutrient enema.

(a) The time in which a patient is kept in bed. You remember that after an ordinary abdominal section, where the wound has healed by first intention, it has always been customary to keep the patient lying in bed for 21 days. The main idea was always to ensure a firm union of the abdominal incision. This was considered essential in the days when a single set of through-and-through sutures were employed. With the almost universal employment of the stage suture—by that I mean the use of buried layer sutures, one layer closing the peritoneum and one layer the deep fascia, it has come to be generally known and believed that a wound thus

closed, and which heals by first intention, is practically as strong as ever in eight or ten days after the operation. In other words, this means that the moment the great tenderness in and about the wound subsides, and as soon as all danger of wound infection is past, as far as the wound itself is concerned, the patient may be at once allowed out of bed. This means she gets up on the eighth or tenth day, and is walking about a few days later. The leaders in this movement of shortening the quiescent stage in this after-treatment are Boldt, of New York, and Ries, of Chicago. In many cases they allow their patients to sit up in a chair on the third or fourth day after the operation. They claim that by so doing the following advantages are secured for the patient: There is less nausea and vomiting, less abdominal distension and easier action of the bowels; there is less liability to bronchial, pulmonary and circulatory troubles; there is better assimilation of food and less weakening of the general condition. Between them they cite about a thousand cases with no untoward result. The general feeling among surgeons, however, is that two or three days is too short a time, and that the wiser course is to keep patients in bed for some ten or twelve days. With this opinion I concur. I think the wise position in the matter is this: Suture the abdominal wall carefully, layer by layer; for the skin use a subcutaneous, continuous suture of catgut—in this way there are no skin sutures whatever to drag upon the dressing and afterward to be removed. (In former days I used to find often that the one thing the patients dreaded most was the removal of the suture stitches. With the adoption of the subcutaneous suture the stitch has never to be touched.) Allow the patient up on the tenth or twelfth day if her convalescence has been smooth and uncomplicated.

(b) The passing of the enema. In the ordinary after-treatment of abdominal sections I no longer use the nutrient enema. The normal salt solution (a teaspoonful of salt to a pint of water) has, in my practice, entirely taken its place. It has become with me almost a routine to give ten or twelve ounces—half a pint—of this salt solution with half an ounce of brandy as an enema to be retained, every six or eight hours for the first few days of the convalescence. While this is not done in every case, wherever there is much post-anæsthetic nausea and vomiting, great thirst and abdominal distension, heart weakness or collapse, these saline enemata are invariably given. They are absorbed quickly from the bowel and the results are excellent. For the first few days it is fluid that the patient wants and not food. With the old nutrient enemata we attempted to give food. In long wasting diseases, of course, these nutrient enemata have a distinct place and use; but in the relieving of thirst and of shock, in restoring the circulation to its equilibrium, the saline enemata are in every way more advantageous. In addition, this saline enema affords an easy way of giving a sedative or hypnotic where it is undesirable to use morphia. Thirty grains of

bromide of ammonia added to the enema that is given at night will often ensure for the patient a great amelioration of her nervousness and discomfort.

In the use of the vaginal douche there is nothing new to add. I would only again remind you of two things—of the two objects for which vaginal douches are commonly employed. First is the cleansing douche, where the aim is merely to cleanse the vagina; here a hot douche should never be used, but only a warm one, preferably at 100 F. Second, the douche employed to allay inflammation or to reduce inflammatory deposit. Here the douche solution must always be hot, 115 F. to 120 F., for heat is the great consideration. The hips should always be raised higher than the shoulders in order that the vaginal walls may be distended by the fluid. The object is to apply a hot liquid poultice to the nearest neighborhood of the inflamed organs, usually the ovaries and tubes.

The only change that I have noticed in the employment of the vaginal douche has been the introduction of some new medication. Of all these glyco-thymoline is the one perhaps which has the greatest vogue. It is useful in catarrhal conditions, one tablespoonful to the half-pint; but while it is elegant, it is also not cheap. So much for the vaginal douche.

The Weir-Mitchell treatment, with the use of electricity and massage, has steadily gained in favor. It has come to be very generally employed in all cases, not only of neurasthenia and of nervous prostration, but wherever the general nutrition of the patient is, for any reason, below par. The whole object of the treatment is, of course, to increase, to improve, the patient's general nutrition. Massage and electricity mean in one word exercise—passive exercise. And exercise, as you know, means a better circulation, a relief of visceral congestion, and a quickening and stimulation of the general functions within the body. So, massage and electricity mean exercise. There is, I take it, no hidden or occult virtue whatever in electricity; and of the two massage, to my mind, is much the more potent agent in relieving these conditions of depressed vitality. This treatment is, after all, Nurses, much more scientific than the mere exhibition of drugs. I think we can truthfully say that drugs of all kinds are coming to be less and less employed, and that the trend of medical thought is distinctly away from drug administration. Rather do we trust to rest of body and mind, hygienic surroundings, judicious feeding and passive exercise, which is, after all, but other terms to express the one word "nursing." We are coming then to depend more and more upon the nurse. This, I suppose, will be good news to you. You all remember Mark Twain's remark upon Nursing. He was speaking of Christian Science, and he found occasion to say the following: "If the Christian Scientists had only a little more Science and the doctors had only a little more Christianity it wouldn't matter to the patient which one he employed, provided he had a good nurse."

So much then, Nurses, for a very hasty review of the changes that have taken place during the last four years in the three subjects above enumerated. As you see, the changes are few and comparatively non-essential. The treatment is to-day practically what it was four years ago, and again is justified the old saying of Ribot's, "The new perishes, the old endures."

What I wish specially to mention to you to-night is the question of uterine cancer, making special reference to the matter of its early, its timely, recognition. During the last two years, throughout the whole civilized world there has been a movement afoot to educate the doctors, nurses, midwives, and even the laity itself, in the early recognition of this dread disease. For dread disease it certainly is when we read that in England and Wales alone four thousand women die of cancer of the uterus each year. And that of all cases of cancer, only 5 per cent., *i.e.*, five out of every hundred, seek medical aid in time. To put it again in another way, of every hundred women who have uterine cancer, 95 of them do not ask for help until all possibility of rendering to them permanent help has gone by. In America, Simpson makes the statement that out of every 28 women who pass the age of thirty one will be the victim of uterine cancer. It almost seems from these statistics as if cancer were on the increase. It is quite possible that it is so, and all the more need then that we be on our guard against it. For, dread as is the name cancer, and fatal as the disease invariably is, yet at the same time, if recognized at an early stage, it is curable. It is at first, as you know, only a localized lesion, often a small ulcer, appearing usually at the mouth of the womb. And if only at this time it be recognized by the patient's physician or nurse the life of that woman can be saved. And this brings me to the question of the early symptoms of cancer of the uterus. How are we to recognize the condition? By what signs does it first make itself evident? It is these signs that I wish to impress upon you, for it is in your hands often that the responsibility rests. The woman confides in you more readily oftentimes, and naturally so, than in her physician; and if you are on your guard, and familiar with the early danger signals of this disease, you may in the truest sense be your brother's keeper. First, let me make a general statement, which I wish you always to keep in mind, and it is this: Any woman who has passed the change of life—by that I mean where her normal menstruation has for some months or years ceased, and who informs you that the menstruation has returned (she often laughingly, or almost boastfully, informs you of this fact, claiming that she has renewed her youth, that she is becoming young again)—I say, anyone who informs you of a blood-loss from the vagina after a period of amenorrhœa, at the time of the menopause, treat it as a very serious matter. Question her closely, and if a recurrence of hæmorrhage should take place, simply insist that she seek the advice of her physician. By doing this only will you be doing your

duty. By doing this you will save lives. It is still, unfortunately, the common history of many of the cases of uterine cancer that we see that for six months, a year, or even longer, the woman, after reaching the change of life, has been having discharges of blood from the vagina. She has told no one usually. She may have told her nurse, and, alas! even her physician. Little has been made of the matter, no examination has been carried out, some drug or other given, and the patient lulled into a false security, while the days, the weeks, and months go by, and the opportunity of help diminishes, and finally escapes entirely.

I wish then, Nurses, to draw your attention to the three chief signs of early uterine cancer. I am speaking now of women who are at or past the climacteric. For it is at that time that cancer is most likely to manifest itself. The most suspicious sign is, as I have intimated, hæmorrhage—irregular hæmorrhage, often small in amount, often bright red and occurring irregularly. Let this sign make you always very suspicious. Let this sign make you always insist that a careful vaginal examination be made by the woman's physician.

The next most important early sign is a leucorrhœa. By that I mean any discharge other than blood. Frequently it is thin, watery, meat-watery, as it is called, being slightly blood-stained. Sometimes it is brownish, and sometimes yellow. Any persistence of such discharges in a woman, especially after the menopause, should make you again suspicious of the presence of early cancer.

The third sign, and the least important, is pain. Unfortunately, when the woman begins to complain of pain the condition is usually past surgical help. There are, sadly enough, some cases where cancer of the uterus gives rise to neither hæmorrhage nor leucorrhœa, where its presence gives no sign till, by its invasion of the surrounding tissue, it occasions pain by nerve pressure; and by this time, so wide has been its spread, complete removal is impossible.

So I do not ask you to rely at all upon the symptom of pain. Do not wait for it. Hold in your minds the two signs that I have spoken of: hæmorrhages, irregular hæmorrhages, and persistent leucorrhœal discharges. Whenever in your practice you meet women who speak to you of these things, treat the condition as being possibly very serious, and insist that they seek medical advice. In this way, Nurses, you will be missionaries in the best and truest sense. As you are aware, it is the woman who has had a number of children who is the most likely to suffer from uterine cancer; and it is just this woman, this mother, whose life is of all lives in the community the most valuable; and it is this life that you may be instrumental in saving.

This, Nurses, is my chief message to you this evening. As I have told you, it is the message that during the last year has been prominent in both Europe and America. In some countries pamphlets have been written wherein these early symptoms of uterine

cancer are enunciated and emphasized, and these pamphlets have been distributed to every adult woman in the country. In Canada no new measures have been taken beyond the fact that the teachers in our universities and in our hospitals have redoubled their emphasis of the condition. More forcibly than ever have they driven in upon the students the necessity of being always suspicious of such signs as these. And this is my excuse for presenting the subject to you, for asking your help, your co-operation in the matter. The chief satisfaction, after all, to the doctor or to the nurse is to save life, that is, should always be, his or her chief remuneration. In no disease of which I am aware is there a greater chance for the nurse to save lives.

In conclusion, I shall speak to you a little of yourselves as nurses, and in so doing I shall quote largely from the pages of what I wrote four years ago. So much of it will seem very old to you, and yet in my opinion it is, if only for that reason, doubly true.

In the first place, I wish to congratulate you on the progress that your profession, the nursing profession, is making, not only in this city, but in all this Canada of ours. Not only is it growing in usefulness, but is also coming year by year to gain the esteem, the respect, and even the affection, of the great lay community—the world in which we live. I speak only of what I have seen. And the seven years I have spent in Montreal have shown me in a wonderful way this progress. The average household no longer shudders and draws back at the mention of the words "trained nurse." And yet only some few years ago that was the experience that I often met. Now, on the other hand, the trained nurse is the first one to appeal to at the onset of trouble or of sickness. The anxious mother turns to the doctor with the words, "I'll send for Nurse So-and-so. I know her. She is one of the right sort—a great friend of mine. I have every confidence in her." Not infrequently she goes a step further and adds, "I have more faith in her than in all the medical profession put together." Not a very flattering statement to the family practitioner, but one, nevertheless, that is true. I say again that this progress of yours in the community has been most marked, most auspicious; and this progress you owe largely to yourselves. It is the influence of each separate one of you that makes the aggregate influence; and this same influence will grow, be further extended, only by individual effort. It is yourselves as individuals that chiefly make for the general good of your profession. And so it is to yourselves as individuals, to the education and the development of your personal lives, each one for herself, that further advance, a higher life and usefulness will be due. I mean this in a very general sense. I mean that each individual nurse shall educate herself, not only as a nurse, but as a useful citizen in the community in which she lives. She shall know many things beside nursing and be interested in them; and she shall take good care that the severe training and the hard work entailed by her profession shall not kill within her the ordinary interests and sympathies of every-

day life. So shall she be not only a good nurse, but an interesting and a helpful companion. Knowing life, as she must, from its height to its depth, and much of it, as you know, is depth, she shall be wise, and so shall become the giver of much wisdom. It is along these lines that the nursing profession shall advance. And, therefore, I say to you—take care of your own lives. Make them broad, interesting, charitable and sympathetic.

This is a great vineyard, this world of ours, in which we, the nurses and doctors, work. Our profession is a great profession, the greatest, I verily believe—great as humanity itself. For not only do we stand at the threshold of this great life of ours to welcome the new-born over its border, but we serve also at the dark nether gateway of death. Within our arms, dependent upon our strength, mankind enters this world and also leaves it. Ours is the care at the beginning and at the end. And, moreover, with all the ills that flesh is heir to, the suffering of the three score years and ten, with all the sickness and discouragement, the failing health, the broken spirit, for these all are as the sparks fly upward, with all these we have to deal, with all these our lives are lived. And sooner or later all men come to us, the strong and the weak, the rich and the poor, and very often it is the poor, the famous and the forgotten: for have not all our fathers eaten of sour grapes?

So this, our profession, is a great one—an exacting one. And we do well often to remember this and to stop for a time or two to rest and think, in order that we be not submerged in the exacting routine of our daily lives. And you all know that routine—the tiring round of duties, petty often and commonplace, with the patient ungrateful, domineering or querulous; with the perpetual ministrations, many of them disagreeable; with the continual worry and responsibility; and the broken sleep, and the tired back, and the tired feet, the tired head and the tired heart. These often make up the picture of our daily lives, and this is why we ought to capture an hour or two for ourselves from time to time—an hour or two of quiet and of absolute change, of complete rest wherein to let the worry and turmoil of our life slacken and die down, the dust of it all settle, so that we can forget it, can reach out beyond it, and see more clearly the wider horizon of our profession; can realize more nearly its higher ideals, its promise and its possibilities. And during this hour we get renewed from music, from books, or whatever we like best. Peradventure it is only sunshine upon the grass or the play of the wind among the trees that brings the solace to the tired soul. But some of these things it must be in order that we become renewed—renewed even as the eagle. So do we become encouraged, refreshed and inspired with the higher meaning of all the service that we do. So do we come to feel its higher recompense, which is to know that in this life of ours we are in a true and noble sense our brother's keeper. For we are, or ought to be, healers—

healers of the sick.

W. W. CHIPMAN.

Montreal.  
[The Training School of Toronto General Hospital is probably the oldest in Canada. Founded 1881.]

## THE NURSE—I.

Having had three years' training in an up-to-date hospital, where not only the clinical branches and practical duties are taught, but instruction is also given in household economics, dietetics, cooking, anatomy, physiology, hygiene, massage and pharmacology, and having passed successfully the examinations, a woman of ordinary ability, possessing tact, good judgment, ready wit, and self-control, is well equipped for her work.

It requires a very competent nurse to do private duty successfully, and there is no limit to the good that such a woman can do. She must be kind, charitable and firm, with a large stock of patience. Patience combined with a fine tact and skill will enable her to do for the patients what is best, even against their will, knowing and understanding how to manage the most irritable, and often unreasonable.

In that admirable book of Isabel Hampton Robb's, "Nursing Ethics," she utters words which may with equal force be applied to all: "Few realize how much their own personality, their own manner, is to figure in the making or marring of their work. Voice, manner, touch, step—all these tend to success or failure. A well-modulated voice is a power in itself to soothe, comfort or command. The touch should impart a sense of skill, gentleness, sympathy and carefulness."

The nurse must be watchful and orderly, moderate in speech, both in kind and in quantity.

For a nurse to keep her own counsel is one of the first laws of the profession.

Gossip may be forgiven in anyone except a nurse. Secrets discovered in the sick room are as sacred as the confessional.

It should never be said of a nurse that she fails to give satisfaction in her social manners—in other words, that she is ill-bred.

Whilst she cannot dictate the manner of other people towards herself, she can control her own bearing towards them.

The necessity of nursing integrity must be emphasized.

The ability of the private nurse in carrying out the physician's orders, her keenness of observation, her accuracy in repeating facts of the case, all tend to increase the value of her services.

When she enters a home she must not only look after the sick as a nurse, but she is also responsible for their hygienic care, especially if it is an infectious case. She must instruct the family and members of the home, so that other members of the family may not through ignorance contract the disease. She must teach home sanitation, hygiene, the personal laws of health, the true meaning of cleanliness, and the prevention of disease. This will help to bring better homes and better conditions of life.

The modern woman knows very little about the care of the child

in health or disease, and often is quite resigned to assign her duties to the nursemaid. Let it be the mission of the nurse to enlighten her as to her child's welfare, morally and physically. And here is the opportunity to do some preventive work, some constructive work.

If the nurse is to keep pace with the improvements in nursing she must form habits of study and continue to educate herself, thus avoiding any retrogression in her work. She should take the journals of her profession, and not only read, but contribute to, them.

The nurse should identify herself with the Alumnae Association of her training school, which association should include in its membership all graduates now living, who should delight in doing what is in their power for the welfare and advancement of their alma mater.

Let the nurse doing private duty be ambitious to excel in loyalty to the old hospital and training school.

There is no higher form of service in the profession of nursing than that of the private nurse. To her is committed the personal care of the sick; her presence makes for their comfort in the home of the poor or the palace of the rich. Her effort is to assist both and lighten their burdens.

The profession of nursing should not be looked upon as a trade to be pursued solely with a view to getting a living—a most deplorable feature of this commercial day—but as a privilege and an opportunity to minister to the suffering and to help every philanthropic enterprise. As the nurse grows older in the work she will realize that the mere care of the patient is the least part of the work compared with what she can do and ought to do towards making conditions that cause pain and sickness and all manner of suffering less possible. She must not rest satisfied with mere treatment, but direct her best energy towards prevention.

G. A. HODGSON.

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## THE NURSE—II.

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In the days of our forefathers, the ground was plowed with a wooden plow drawn by a team of oxen, the grain was cut with a reaping hook, threshed with a flail, and ground by hand by pounding it with a stone, the women came in and prepared the repast from this coarse flour. But we do things differently. So it is in our life in many respects. Our method of communication by wireless telegraphy or by telephone, our means of locomotion by automobile, fast express train or Lusitania vary somewhat from the stage coach for passengers and mail and the old sailing vessel.

Knowledge is now bound up in books and scattered throughout the world in 50 languages in a short space of time. Formerly the scroll was read before a fire of pine knots or hardwood logs.

Not the least great change is that which has taken place in the care of our sick. Formerly the sick one was cared for by the mother, sister or wife, and in proportion as the true mother spirit was large so the nursing was good. None but a mother could go sleepless for nights in succession, none but a mother could undertake the disagreeable tasks, none but a mother could overlook all the crying of the child, or the moaning or complaining of the adult.

The caring for the sick now demands large and small hospitals, well equipped and manned by physicians, nurses, business men, attendants (male and female), laundresses, engineers, carpenters, painters, gardeners and elevator boys. The patient in the home requires a trained nurse or two, and many attentions not formerly thought necessary, and thus the demand of civilization is heard for trained nurses, and is the mother superseded? Nay, verily. The world, changing though the same, finds the mother spirit as necessary to-day as before. The world is no different, people are no different, and we require the same qualities in the case of our sick as were necessary in the days of our forefathers.

She can only be a nurse when she is a woman. What is a woman? "Motherhood" is the touchstone which reveals the highest in woman's character. In it she finds her ultimate expression. Ideal motherhood means untiring love, that love that believeth all things, hopeth all things, and seeketh not its own. It means self-sacrifice, trust, and an infinite patience. The capacity for motherhood is the gauge of a woman's perfection. By this stern test many a childless woman might prove to be more truly a mother than she who, not realizing her own high destiny, is a mother in the physical sense only.

From the most remote ages men have recognized the divinity of motherhood. We have evolved no higher ideal. The angels are themselves less tender and wise than God and mothers.

A nurse possesses or is possessed by gentleness, brightness, sweetness, charity, tact, kindness, sympathy, optimism, high-mindedness, earnestness, truthfulness, domesticity, hospitality, and common-sense, and let me add one or two personal observations: Fidelity and trust are two large factors. In this age and day we move from one place to another, go from one occupation to another, have friends here to-day who are gone from us to-morrow, and with all this kaleidoscopic change fidelity is, perhaps, not as great in the world as formerly. All those unhappy homes where discord has brought divorce in fact or act were wanting in fidelity. And that other factor, "trust," is no small one. The stimulation which comes to a human being by trust faithfully reposed by another is one of the strongest of all bonds in the many complexities of life. Many a young man has been saved from shipwreck by his knowledge of the trust reposed in him by his mother or *fiancée*. Many a lone girl in a large city or a large hospital has been buoyed up to higher and nobler things by trust displayed by a friend or a head

nurse. Name its opposite, suspicion, only to banish it far away and for ever.

The nurse, in addition to being a woman, must be good. As one has said, a woman to be a woman must be God-fearing. Whether she has any formal religion or not is perhaps not as important as merely being pure, noble-minded and sweet. Then the difficult things will be made less difficult and the gross things will lose their grossness.

Training added to such a woman will give the world a nurse who will bring sunshine, wisdom and health itself to the sick one in the mansion of the capitalist or in the shack on the prairie, and let that training be broad and deep. Know all there is to know about how to do things, the different ways of doing things, how to spend the money of the rich and save the money of the poor. As well as knowing how to do things, know also why you do things. This is a day of machines, but let not our nurses be machines. True, you cannot know all the doctor knows; no doctor knows it all. But an intelligent comprehension of the reason for doing things insures their being done rightly. This, then, is the nurse—not the ideal nurse, but the nurse in flesh and blood. J. H. HALPENNY.

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#### THE LADY MINTO HOSPITAL FUND.

*(Continued from December issue.)*

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6. After completion the Hospital Board shall keep the hospital insured in a sum that shall not be less than the amount of the grant made to them from the Fund mentioned.

7. The Hospital Board shall, when incorporated, enter into an agreement with the Board of Governors of the Victorian Order of Nurses for Canada whereby such Hospital Board shall undertake:

(a) To hold all property acquired, or to be acquired by it in any way for the purposes of a hospital at the place where it is built.

(b) That such Hospital Board shall so far as it employs any trained nurse as superintendent, head nurse or nurse, employ nurses belonging to the Victorian Order of Nurses for Canada; and

(c) That the affairs of the hospital will be carried on and conducted in accordance with the charter and by-laws of the said Order from time to time in force.

8. The grant will be paid proportionately as the work of building of the hospital progresses.

9. The applicants are required to furnish answers to the following questions:

*(Continued on page 69.)*

## WHAT I LEARNED IN 1907.\*

## THE INFLUENCE OF THE MIND ON THE BODY.

Nurses and physicians sometimes neglect too much the influence of the mind over the body, especially in functional, hysterical and neurasthenic disorders. If we gave adequate consideration to this principle of treatment and remembered the therapeutic value of a cheerful, serene, sensible, active, well-balanced mind, Christian Science and other frauds would cease to flourish so greatly.

The work being done by the Rev. Dr. Elwood Worcester, rector of the Emmanuel Church, Boston, Mass., and his associate, Rev. Dr. Samuel McComb, is interesting. Their work is on non-sectarian lines and has for its object to teach the mind control of the body, with the result of both physical and spiritual health. The treatment is strictly scientific. These ministers work in conjunction with physicians, and treat only functional nervous disorders.

## AN INSTRUCTIVE CASE.

On October 26th a patient was admitted to ward. Labor had commenced ten hours before, the membranes had ruptured, and the pains were severe. As soon as possible a Caesarean section was done, and a living female child was delivered. Child weighed seven pounds, and has done well ever since birth. The patient was out of bed on the seventeenth day, and has been up daily ever since. The patient's height, 4 feet 6 inches; patient's weight, 90 lbs. Malformation of pelvis is what made operation necessary. In a Caesarean operation which the patient underwent about four years ago, an operation for "ventral fixation" was also performed, and on February 18th, 1907, when she was examined, the cervix could not be reached. When labor commenced there was no descent and an operation was necessary.

## HYDROGEN PER-OXIDE.

Hydrogen per-oxide does great things in the way of stimulating a wound to heal. I dressed a rectal fistula last winter for many days. The doctor feared he would have to operate, but long perseverance, packing with iodoform gauze, syringing sometimes with hydrogen per-oxide and sometimes with dilute nitrate of silver, was at last rewarded by the sight of a healed wound.

## THE NEW TOWEL.

A towel has been devised in our operating room which we have found very useful when the patient is in Trendelenburg

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\*Contributed to by Miss Mary Ard Mackenzie, of Washington; Miss Mary J. O'Neill, Superintendent of Guelph General Hospital; Miss Flaws, Superintendent of Butterworth Hospital, Grand Rapids, and others.

position; this towel is the last article put on before the incision is made. Surrounding the slit or abdominal opening in the towel, on the left, right, and lower edge, there is a pocket  $4\frac{1}{2}$  inches deep and 2 inches from the edge of the slit, across the top of the towel there is a shallow pocket one inch deep and  $1\frac{1}{2}$  inches from the slit, extending from the outside edge of the side pockets. This upper pocket the surgeons find convenient for placing instruments which are in constant use, as it prevents them from slipping down or off the patient. The side pockets and the lower one hold the forceps attached to the tapes of the abdominal sponges used in walling off (which are apt otherwise to be unsnapped or pulled from their place). They also hold other instruments or needles, which are liable to slip when the patient is in this position. The pockets are not deep enough to cover artery forceps, therefore there can be no confusion in picking out quickly any instrument needed that may be in them. This towel should be made of stout, firm goods, so that the pockets will be taut.

#### OPERATION.

The patient had been suffering from muco-membranous colitis for about two years without any relief from colonic flushing or medical treatment. So operation was decided on. The appendix was brought up and stitched to lower end of abdominal wound and left protruding for four days, until adhesion had formed firmly, at which time the distal end was severed and catheter No. 5 introduced into the stump of the appendix, and saline irrigation used through it for four days, after which medicated irrigation was used. The patient is still in the hospital, but the condition is much improved.

This is not a new operation, but it is the first time it has been done in our Hospital, and it is somewhat unusual; so am sending it.

#### VARICOSE ULCERS.

The following has been used with great success in cases of varicose ulcers: The patient is put to bed for two or three days, then the leg is shaved and scrubbed and zinc oxide powder applied; if ulcer is large, put an extra layer of the powder and gauze over it; then paint leg with the following:—White gelatine, 150 parts; zinc oxide, pulv., 150 parts; glycerine, 250 parts; distilled water, 450 parts; and apply bandage, then the paint again until there are three layers of paint and two of bandage. Take temperature, and if it is normal do not disturb for two or three weeks. This splint is found to be most comfortable (and to far surpass any elastic stocking), and the patient may go around his ordinary work without its being injurious, as long as there is no temperature.

## HOT SPRINGS, ARKANSAS.

I am not going to enter into a detailed account of this Carlsbad of America—its magnificent hotels, hospitals, and sanitoriums, its lines of bath houses, splendid promenades, and many scenic attractions—all this can be obtained from any of the numerous pamphlets issued in such prodigality by this enterprising city. Tourists come here from every part of the globe—pleasure-seekers, in search of variety; gamblers, in search of victims, and invalids, in search of health. The accomplished and versatile American is quite capable of combining the three guests in one; devotes the morning to his physician, his masseuse and his bath, while in the afternoon he seeks fortune and diversion at the races, in the clubs, or in the fashionable society which throngs the hotels during the gay Southern winter season.

The city is situated in a narrow valley of the Ozark Mountains, along whose entire range are to be found many indications of an earlier volcanic period of great activity. Through fissures and crevices in the disorganized strata come streams of water, steaming hot, from the bowels of the earth. The Indians had long believed in the magic properties of these subterranean waters and attributed to them many marvellous cures. The earlier white inhabitants built their cabins along the steaming streams, and found the pure water equally efficacious for external, internal and domestic use. Older settlers still remember wash-day, when the entire community engaged in laundry operations along the banks. Later the United States Government bought the whole district and organized the present flourishing health resort. The springs have been harnessed and carefully guarded, and the tourist now pays generously for this free boon of nature. The water from most of the wells seems to possess no special medicinal value beyond absolute purity. In different districts, however, are arsenical springs, sulphur springs, etc., which are much recommended for various diseases. The patient must have his prescription for his table waters—quality, quantity, temperature, etc.—just as he would for his drugs at home. Invalids who are allowed out of doors are seen on the streets carrying their daily supply of drinking water in large bottles, the more indiscriminate of them haunting the public fountains with their private pocket drinking cups, and consuming vast quantities of the nauseous, lukewarm beverage, probably with the idea that they could scarcely get too much of a really good thing. The physicians, however, recommend moderation both in drinking and bathing, the disease and condition governing all treatment.

The baths are administered by trained colored attendants, most of whom profess some scientific knowledge of massage. The temperature of the bath varies from blood heat to the point of toleration. The patient remains in the tub from 10 to 12 minutes, during

which time the flesh is well rubbed, squeezed and manipulated. He is then taken into a hot room, where he remains under blankets for a half-hour and perspires freely. From here he goes to a cooling room for 15 minutes, and the bath may be finished off with a cool shower and rub-down—possibly followed by an alcohol rub. Vapor baths are given as ordered, or the regular Turkish baths; also hot and cold spinal douches and all other forms of hydropathic treatment. During the process the patient drinks the warm water from the tap, thus helping to secure free perspiration. He is advised to dress warmly and to rest for at least an hour after each treatment. If he finds the baths too weakening, he may take them on alternate days or shorten the treatment.

The diseases which are specially amenable to this system of treatment are rheumatism, kidney and skin diseases, alcoholism, and the many varieties of specific infection. The unusual success met with in the last-named has been accounted for by the heroic doses of potassium iodide and mercury the patient is able to assimilate without poisonous effect. In one sanatorium, I was informed, pot. iodide is given first in 20 minim doses of the saturated solution, three times daily, increasing five minims daily with each dose, till the patient is getting 150 to 200 minims t.i.d. This seems an extraordinary dose, but the head nurse assured me she had seldom seen it produce iodism, and, even if some symptoms should appear, they do not hesitate to increase the dose unless the evidences are too pronounced. The baths, of course, and the free flushing of skin and kidneys, aid in eliminating the drug from the system. Mild saline purges, such as Hunyadi or Abolina Water, are used to keep the bowels moving freely. Mercurial inunctions are given daily after the bath, the ointment being rubbed in across the back and thighs in increasing quantities. Three to six weeks' treatment, in most cases, seems to be sufficient to rid the system of all evidences of the disease. A vapor bath is given at the last to eliminate the mercury. Local lesions are treated in the usual way, a strong solution of bichloride being used as a wet dressing, with great satisfaction. Vaginal douches may be given during the bath, the simple warm tap water being used in unlimited quantities.

For rheumatism in the acute stages, soda salicylate and aspirin are given in doses of twenty to sixty grains daily. For the chronic varieties pot. iodide or sod. iodide is given alone in the 50 per cent. sol.—m. xx. to m. l.x., t.i.d. p.e. The baths are said to do wonders in rheumatic affections of the joints, and, indeed, in most varieties of that painful malady, but I believe the results are not as lasting as the patient fondly expects.

Skin and kidney diseases are relieved by the thorough flushing of the entire eliminative system. Few drugs are used, but their action is much assisted by the hydropathic measures, and their injurious effects on the system minimized.

These few hints of treatment I was able to gather during a very

brief stay in one of the sanatoriums. Methods will doubtless differ among the various practitioners, but I believe these measures have resulted in very gratifying recoveries. Certainly the treatment is wonderfully assisted by the salubrious climate, and not a little by the change of scene and the faith which the patient himself brings to the cure. Such miraculous and dramatic recoveries are recorded that one recalls the blessed waters of St. Anne, or the alleged triumphs of Christian Science. Invalid chairs are forsaken, canes and crutches cast away, and the paralyzed literally takes up his bed and walks, after a whiff of Arkansas air and a few applications of the healing waters. One wonders whether, after all, our own bracing air in unlimited quantities, our own despised tap water used liberally externally and internally, a simple home (in lieu of health food) diet—and a little rest from the endless routine—might not effect, in most of these cases, fairly satisfactory results at home. "Are not Abana and Pharpar, the rivers of Damascus, better than all the waters of Israel? May I not wash in them and be clean?" Perhaps, after all, the faith is the one essential ingredient. But, unlike the ancient Naaman, our modern mighty men and honorable seem to find the value of the cure directly proportionate to the difficulty and cost of obtaining it. In this respect Hot Springs might satisfy the most money-burdened plutocrat. The prices are exorbitant, and one finds that a "simple water cure" can be made quite as genteely expensive as a famed surgeon or a whole pharmacopœia of drugs. Who would not drink mountain-valley water in cut glass goblets, or recline in a crystal bath tub with silver-plated (or gold, for aught I know) taps, with uniformed attendants to wait on one's every want, and—should you be too corpulent, or too indisposed, to walk—a charming black slave to wheel you in rubber-tired elegance through marble halls and cool piazzas, to your gorgeous and expensive rooms and your ten-dollar-a-day bed?

The city lives and thrives on the tourists, the inhabitants having apparently been brought up to the business of "soaking" their guests, both literally and figuratively. It is a remunerative art and delicately accomplished. I asked a despondent-looking invalid if there was much grippe in the city. He said: "No; the people here ain't got the grippe—they've got the *grab*, and they've got it *bad*."

I have no doubt, however, that an unpretentious tourist may be modestly entertained and honestly treated here as elsewhere; and if you are wise and fortunate enough to evade the boarding house brigand, the designing merchant, the charlatan doctor, and the man (or woman) of wits, you may still get more than value for your money—in renewed health, perhaps; in added experience of the world, and in heartfelt gratitude for the simple life of your own comparatively clean, sane, wholesome, slow, old Canadian home.

ISABEL M. STEWART, W. G. H. '02.

Winnipeg.

### Clinical Department

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#### AFTER-PAINS.

When after-pains are very severe, gentle rubbing over the uterus may help to dislodge the bloodclot which the uterus has been trying to expel, and which is often the cause of the severe pains. A hot water bottle or hot fomentations over the uterus, or raising the patient to a sitting position on the bed-pan for a short time, are other measures used with good effect sometimes. If these fail, a high injection of a quart of hot salt solution into the colon will usually bring relief. Though after-pains are a good omen, they often cause very great distress and loss of sleep when they are unusually prolonged and severe. If these simple measures fail and the patient is worn with loss of rest because of them, it is well to notify the physician.

#### WHEN NURSING PNEUMONIA.

Pneumonia has been aptly termed "The captain of the men of death." In few other diseases has a nurse to deal with more unreasoning prejudices on the part of the common people. The fear of "catching cold" is deep-seated and all but universal. In nursing such cases remember that while it is important that all patients should have a supply of good air, it is especially important in this disease. The patient's very life may depend on the amount of pure air he gets. The fresh air treatment is proving quite as valuable in pneumonia as in tuberculosis, where it has been given a fair trial, and patients who seemed hopeless when admitted to a hospital have rapidly improved under a couple of days' fresh air treatment on the roof of the hospital. Even though you suffer with cold yourself, insist on a constant stream of pure air coming into the sickroom. Then be sure to keep the patient quiet. It is often difficult to convince the friends or family that it is not wise for them to constantly sit with the patient, but most of them will listen to reason. When you find the sickroom is the general stamping ground for the whole family, as well as the place in which they entertain callers, as it very often is, when you find that the rule is for two or three relatives, besides a dog, and a cat, and a baby, are accustomed to be with the patient most of the time, it may be necessary to enlist the aid of the doctor to clear the room and prevent the unnecessary exhaustion of oxygen which the patient sorely needs, but clear the room somehow and open the windows, and keep them open in spite of protests. Then do not forget to give plenty of water to drink. It helps to promote natural elimination, and is quite as necessary as in typhoid fever during the acute stage of the disease. Then, try to remember that it is really as important, as a recent writer has stated, "To know what kind of patient the disease has got as to know what kind of disease the patient has got." Each case of pneumonia is a study by itself, and the nurse who has trained her eyes to see can learn something new from each new patient.

C. A. AIKENS.



THE LADY MINTO HOSPITAL FUND.—*Continued.*

- (a) What is the population in the immediate vicinity of your locality?
- (b) What is the tributary population?
- (c) Where is the nearest hospital, and how far is it from the site of the proposed hospital?
- (d) How large a hospital is required?
- (e) What is the estimated cost of the hospital?
- (f) What is the amount of the grant asked for?
- (g) How much can be raised in the locality or among friends towards building and furnishing the hospital?
- (h) What is the estimate of the annual income or support that can be raised?
- (i) Does the hospital scheme appeal to all classes of the community, and has it the support of the resident physicians?
- (j) Can a free site and a good title be obtained?
- (k) Give the names of the persons who are willing to assume the responsibility of going on with the undertaking in case the grant asked for is given?

10. The estimated cost of maintenance of a ten-bed hospital is \$2,000 per annum, \$1,000 for salaries and wages and \$1,000 for household expenses, including drugs and dressing.

During the last three months the Victorian Order cared for in its 16 hospitals and 18 districts, 1,884 patients, 1,755 being new cases; 12,976 visits were made in the districts.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa. Also a post-graduate course, with special instruction in Midwifery given at the cases, by an experienced obstetrical nurse. Salary, \$10.00 per month. Apply, the Superintendent, 206 Spadina Avenue, Toronto.

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The  
Guild of

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Saint  
Barnabas

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"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—*Ambroise Paré.*

#### THE SECRETARY'S JOURNEY.

I think that the cultivation of the spirit of unity, a unity all-embracing, would do much to put the members in mind that they are part of a great body, and that their strength lies in fostering a sense of union with the whole Guild. I love to think of the group around the Father's Throne each day, as from the South Sea Islands, the great continent of India, from Australia, Africa, New Zealand, from the British Isles, and from the lonely ones scattered about everywhere, there comes a never-ending stream of prayer by which we join hands with our fellow-members. Surely therein lies our strength. Such a standard of work will do much to counteract the tendency, almost inevitable in a new country, to make money the standard of life, to help us make head against the temptation to do one's work like a machine, so common to the whole profession, and hearten up those who, struggling with the difficulties of climate, may be tempted to yield hopelessly to the lassitude and weariness of an enervating atmosphere. We who sit at home can help them with our prayers, and strengthen them with our sympathy, and for this purpose we should quicken our imagination, and, above all, be ourselves loyal and earnest members of our Guild.

Another work before us in the Colonies is to act as missionaries of our Church ; to show in our life and conduct that we believe that Christ has called His Church to spread His kingdom among our fellow-subjects, and that to her He has committed the great sacraments of salvation. This is not always understood ; we can do very much to teach this great truth, but only by a steadfast belief in, and practice of, the teaching of the Catholic Church of England. Any attempt to weaken the Church standard of membership of the Guild is to take a retrograde step in this matter.

## My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,  
My staff of faith to walk upon,  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage;  
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;  
No other balm will there be given;  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven;  
My soul will be a-dry before,  
But, after, it will thirst no more.*

—Sir Walter Raleigh.

### PERFECT YOUR STONE.

You cannot set the world right, nor the times, but you can do something for the truth, and all you can do will certainly tell if the work you do is for the Master who gives your share, and so the burden of responsibility is lifted off. This assurance makes peace, satisfaction and repose possible even in the partial work done upon the earth. Go to the man who is carving a stone for a building; ask him where that stone is going, what part of the temple, and how he is going to get it into place; and what does he do? He points you to the builder's plans. This is only one stone of many. So, when men shall ask where and how is your achievement going into God's plans, point them to your Master, who keeps the plans, and then go on doing your little service as faithfully as though the whole temple were yours to build.

PHILLIPS BROOKS.

### THE LIGHT OF THE WORLD.

There is but one thing more wonderful than the traditionary Christmas. It is the recognition by the modern world that to know a person of transcendent goodness, transcendent greatness and transcendent love is the only end in which the infinitely craving heart of humanity can rest. As the world grows older the character of Jesus rises in the firmament of the soul like the sun on his way up from the horizon. No Christmas Day has ever dawned in Canada or the four quarters of the world that has known a profounder adoration of the Christ than will be seen when dawns on the whole world the seventh Christmas of the twentieth century. "I am the Light of the world," said Jesus, and by the shining of that light we know that His words are true.—J. R. M., in *The Evening News* (Toronto).